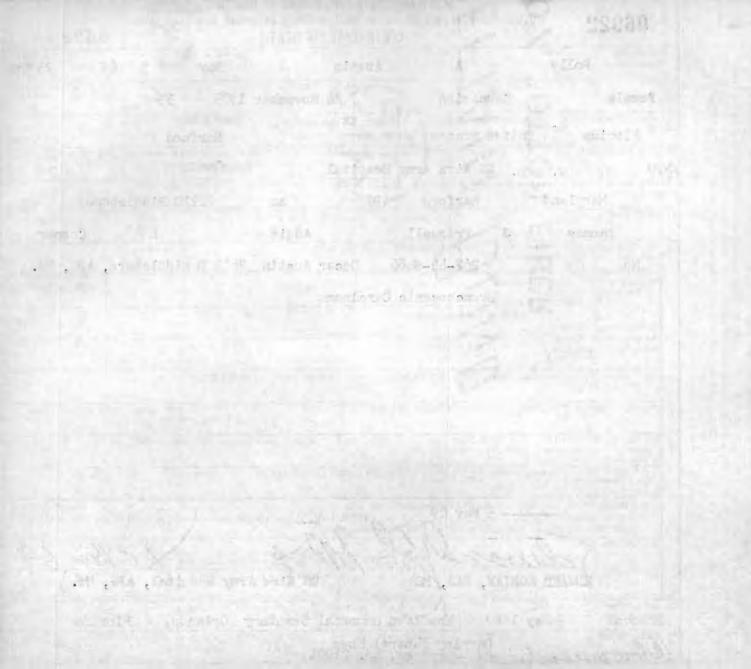
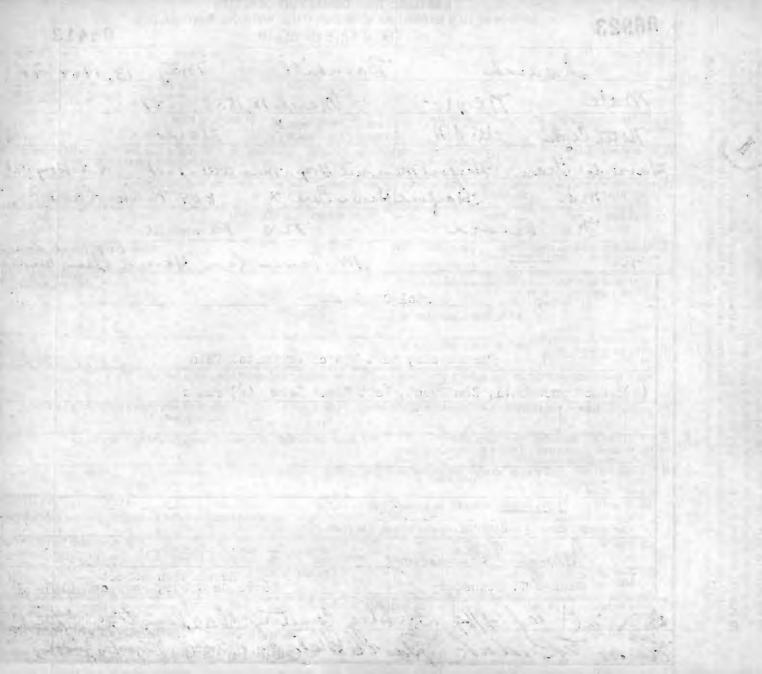
MARYLAND STATE DEPARTMENT OF HEALTH 06922 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06920 . DECEASED-NAME First Middle and 2 deoth. Lost 20. DATE OF DEATH 2b. HOUR 24 hours ofter death Polly (Type or print) Austin May Month 5 Doy 69 Year 2300m 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years IF LINDER 24 HRS Female Caucasion (yebrated trol 24 November 1933 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Florida United States WIDOWED | DIVORCED | Harford filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done The law requires that the death certificate be executed within 12b. KIND OF BUSINESS OR during mast of working fife, even if retired.) remove corbon event, wit Hospital completely Aber. Prov. Grd 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? I3e. STREET AND NUMBER odmission) STATE 13b. COUNTY Maryland YEST NO Harford A PG 2811D Middleboro removal, and in any 14. FATHER'S NAME and Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost Thomas Braswell Addie Cooper pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) 262-44-9486 Oscar Austin 2811 D Middleboro. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Bronchogenic Carcinoma permit. 10 cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. buriol PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) detached for use as the e Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING this certificate has CAUSES OF DEATH? YES 🖂 NO F 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY TO HOSPITAL OR ATTENDING PHYSICIAN
Page 4 moy be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. director, page 3 shauld be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work FUNERAL DIRECTOR: After 220. I certify that (I) (this haspital) attended the deceased from saw the deceased drive on 5 May 0 19 or ond that in (my) (aur) opinian deoth occurred on the date and hour and from the couses stoted obove. (1) (we) (did) (did not) yew) the body after death 22b. SIGNATURE 22c. DATE SIGNED PHYS DIRECTOR 22d. PHYSICIAN'S NAME (Type) EDWARD ZOBIAN, MAJ MC Army Hospital. ARG. Md 23d NAME OF GEMETERY OR CREMATORY 23b. DATE 230. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) PREMOVAL (Specify) 7 May 1969 Woodlawn Memorial Cemetery 0 Orlando. Florida Arring Funeral Home Aberdeen, Md. 21001 AY BY REGISTRAR 1969 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69





2		16924 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06921
HEALTH DEPT.	1. D	ECEASED-NAME . First Middle Lost 20, DATE KNOWNT Month	Doy Year 2b. HOUR
e d is	((ype or Print) Harold = Beaker	41010 M
Page 1997	3. Si	EX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
Any delay is 2, and 3 ta PM3. Page		10 10 10	O Year 1969920M
Iny detay 1, 2, and 3 trm PM3. Pag	70.	BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH / WIDOWED DIVORCED HArford	,
for together	10. 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
fer death. Give Pages ang with fail h the State	4	aure de Grace give street oddress) ford Menoria during most of working life veryiftetjred.)	INDUSTRY Among
Give ang	13o.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY MILES? 13e. TREET AND NUMBER	00.771119
hours after fem 18. Gi Office along anterwh fter beath.	0	dmission) STATE Washing 131. COUNTY PIErce Tacom D YES X NO [5/215. Pros	ped
24 havrs after death in Item 18. Give Pag r's Office glang with set Landerwith the States offer death.	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Losi
r's C		Uscar E. Begher Irene V. REEN	
within 24 pencil in 1 xaminer's file pages (1) 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) 10. (If yes give wor or dates of service) 10. 538-20-1967 Army Records Aberdeen Pres	win Gul hal
be executed with "pending" in pending" in pendical Exaransis permit. File event within 72	7		APPROXIMATE INTERVAL
executed ending in Medical I t permit.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) TT3 CTC TE Kull	BETWEEN ONSET AND DEATH
Med Med		819 9 DUE TO, OR AS A CONSEQUENCE OF	
pe "pe hief ansit		Conditions, if only, which gove tise to immediate cause (a), (b)	
shauld be en word "per in the Chief" burial-transit		stating The underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sha ne w ia th		lost. (c)	
KAMINER: This certificate should be executed within 24 hours after death re the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, pe 4 should be farwarded to the Chief Medical Examiner's Office, along with farm your files. age 3 shauld be used as a burial-transit permit. File pages (landerwith the State Be cremation, ar remayal, and in any event within 72 hours offer death.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
writifi ware ware	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
INER: This certificate, writ should be farwar files. 3 shauld be used atrian, ar remava	CERTIFICATION	WAS PERFORMED?	YES NO 📉
AL EXAMINER: This execute the certificate, or. Page 4 shauld be fastory your files. TOR: Page 3 shauld be ucial, crematian, ar ren		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY NO COURRED (Enter noture of injury in Port 1 or Port 2, 1 HOUR A.M.	Item 18.)
INER: e cert shauf files. 3 shau	MEDICAL	CAUSE OF DEATH SOM MAY 1967 AW 18 /T CE 1 0 8 0 1	Country
	25	WHILE NOT WHILE foctory, office building, etc.)	County State
	-	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection R. Inquiry I	and in my apinion
ICAL E e executor. Pares ed far crok: burial,		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
please explease explease explease explined director.		CHIEF MEDICAL EXAMINER	
al d dal dal dal dal dal dal dal dal dal		SIGNATURE JOIANN COMMENT ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
DEPUTY SIC. stessary, please e funeral director may be retained FUNERAL DIRECT		EXAMINER'S Gerald C. Palmer, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	11-6/
TO DEPUTY, plea the funeral dire. 5 may be retain 100 FUNERAL DIR. Health prior to	224	NAME (Type) Halmer, M.D. ADDRESS(Street, city, town, or county) Bel Ai Burial, CREMATION, 236. DATE 230 Name OF CEMEURY OF CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
5 3, 5	130	REMOVAL (Specify) 5-16-69 FRIN HILL CONSTRUCT CHARLES OF CONTRACT	(County) (Stote)
	24	FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRARS	SIGNATURE
VR A15ME (5) 10M REV. 1/68	6	gent foreral Home North East, Md. DAMAY 15 1969 Plan	ling Judge .
			1 a (a)

25632 THE EGGS TO MAKE - The second of the second to the first and the second of Frank States Like Like States Like States was the beautiful as the first the fall Arthur transfer and the second of the second - Notes 1801 ATT The state of the s the street with the second street Alexander - Little of the Hill Little or Hill wife the Hill Marie A Same land Table To the text

,	P	1	MARYLAND STATE DEPARTMENT OF HEALTH
-	7	T	tem6 FilmG413 6/4/69 kk CERTIFICATE OF DEATH
-	,	_	00326
	# -24 #		PECEASED-NAME 7 First Riddle 20. DATE OF DEATH 20. DATE OF DEATH 2b. HOUR 25.
	deoth.		116730 N ORUNA! TIELL 3 29 19 9 PM
	at the state of th	3. 5	led believed and the second and the
			11926 VVVIIE 9 March 1908 AB 61 VRS.
	P.S. P. S. P		BIRTHPLACE (State or fareign 76. CHIZEN OF WHAT COUNTRY? 8. MARRIED (2) NEVER MARRIED 9. COUNTY OF DEATH
	ect per 727 c	-	Ma. A.S.C. WIDOWED DIVORCED THARTORA. Md.
	within rely fill rban po , withir	11	OTTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life; even if retired.) 12b. KIND OF BUSINESS OR during most of working life; even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY 12b. KIND OF BUSINESS OR INDUSTRY 12c. USUAL OCCUPATION (Kind of work dane during most of working life; even if retired.)
	wij etely arba	130	MARIGE- DAGCE Harrord Memorial Aspilal Salesman (Ret.) Nat. Bis. Co
	aquires that the death certificate be executed within a physician. Signed by the attending physician and completely fille in the burial-transit permit. Then please remove carban papers. Burial, crematian, or removal, and in any event, within 72 has	ađm	USUAL RESIDENCE (Where deseased lived, it institution: Residence before 13c (ITY OR TOWN 13d, INSIDE CITY LIMITS? 13d, IN
	Non Lea	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAJDEN NAME First Middle Lost
	nd ii	140	WAS DECEMBED AND A DECEMBER OF THE PROPERTY OF
	The low requires that the death certificate attending physician. has been signed by the attending physicianse as the burial-transit permit. Then pleas the purial, cremotian, or removal, oncome	100	(es, no prunknown) (If yedgine wor or dottes of service) (212-07-4183 Beatrice Bell, R.D. 1, Churchville, Md.
	ng p The		IB. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c))
	eath mit. or re		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) December (archae lecompusation)
	athe d		4/09 DUE FOTOR AS A CONSEQUENCE OF 1
13	the the mot		Conditions, if any, which gave (b) Mass, we Myo cardial Interestor
W	tran tran cren		stating the underlying cause DUE TO, OR AS A CONSCOURAGE OF
0	ysic ysic yned rial- rial,		tost. (1) Cocking & ochross
1	g plant		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)
11,	ow Inding	NON	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	JAN: The low requires the tall or attending physician. Ficate has been signed by far use as the burial-trail Health priar to burial, cre	CERTIFICATION	YES NO THE CAUSES OF DEATH?
	or or use		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	pital d for of H	DICAL	□ or Contributing □ CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) P.M. 19
	ITTENDING PHYSICIAM: 1 toined by the hospital or TOR: After this certificate hould be detached far us th the State Dept. of Healt	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
	by the free this be deta		
	After After I be c		22a. I certify that (I) (this haspital) attended the deceased from 3-26, 1969, ta 3-29, 1969, that (I) (we) last saw the deceased olive on 1969, and that in (my) (our) apinion death occurred on the date and hour and from the
	tTENI retained ECTOR: A Should with the		causes stoted obove, (1) (we) (did) (did hot) view the body lafter death.
	3 sh		276. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
	NL y be DIR nge 3		22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
	TO HOSPITAL TENI Poge 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should Should be filed with the		NAME (Type) DAVIEW MONAKIC, M.D. 291 N. When Au Jame delar. My
	Poge O FUN direct	23a.	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (Gity or Town) (County) (State) REMOVA (Specify) 1 June 1969 Spesutia Cemetery Perryman, MX. Harford) Md.
	5-5	74	REMOVAL (Specify) 1 June 1969 Spesutia Cemetery, Perryman, MM. Harford) Md. FUNERAL DIRECTOR Tarring Funeral Home 250. RECTO BY REGISTRAR 250. REGISTRAR'S SIGNATURE
	VR A 5 44	4	that was the firm of the firm
	and	14	many in the court of the court

White the state of A SECOND STATE OF THE SECO of a fill of the state of the species of the second state of the s A TOTAL STATE OF THE STATE OF T Med of the world THE THE WALL AND THE THE WALL AND THE PARTY OF THE PARTY A June 1969 a Special Constant - Company Description of the Constant Consta But There are a series of the second of the

					DEPARTMENT (
	06926	DIVISION	OF VITAL RECORD	s, 301 W. PR	ESTON STREET, E	BALTIMOR	E, MARYLAN	D 21201	2000	
- 1				CERTIFICA	ATE OF DEAT	TH		U	6923	
Ī	DECEASED-NAME	First	Middle	0	Lost	20.	DATE OF DEATH			26. HOUR
	(Type or print)	TEPHEN	EDWARD	(AllA	hAN		Mamo	ith 1804	10/19	43
3	SEX	4. RACE	, ,		S. DATE OF BIRTH		6. AGF	(In years		UNDER 24 HRS
	MALE	(White		May 18, 1	1969	last b	eirthday) YRS.	MONTHS DAYS H	HOURS MIN
7	o. BIRTHPLACE (Stote or foreign	n 7b. CITIZEN O	F WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COL	INTY OF DEATH	1)	1	3
0	Ma	6	15H	WIDOWED	DIVORCED		HAI	foro		Md
1	CITY OR TOWN OF DEATH		1. NAME OF HOSPITAL OR	INSTITUTION (If pol	t in hospital 12a.		UPATION (Kind of working life, eve		12b. KIND OF BU	SINESS OR
K		ace /	JAI HOLD I'VE	m. No	SO.		none		none	
0	So. USUAL RESIDENCE (Where of	deceosed lived, it ins	TY	e 13s LITY OR 1	SWN 13d INSIDE	NO 3	13e STREET AND	MUMBER .	- 6),
-	4. FATHER'S NAME First	7	HA1 7010	Mocre	REAL -		60000	reph	Ney 5	a-1
Г		Midd			MOTHER'S MAIDEN NA			Middle	/	lost
h	Robe 60. WAS DECEASED EVER IN U.S		iam Calla		FORMANT	Bett	У	Jane	Tit	
Г	Yes, no, or unknown) (II ye	rs give war or dates of service	0)			77.1.	- 620		D /	Md.
-	18. CAUSE OF DEATH (Ent	tor only one cours	none		bert W. Ca	LILANA	n, 050	scepney	APPROXIMATI	Aberde
ı	PART I. DEATH WAS (CAUSED BY:		nispine	Hong &	alur	al		BETWEEN ONSET	
	77/2	IMEDIATE CAUSE (o)			7 7	· · · · ·			212	0
1	Conditions, if any, which o	gove)	OR AS A CONSEQUENCE O	region right	7				51/2	6,2
1	rise to immediate couse stating the underlying co		OR AS A CONSEQUENCE O		-	_				
ı	lost.	(0)								
П	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITE	ON GIVEN IN PAR	T 1(o)		
	Z									
	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?				NSIDERED IN CERT	IFYING
Section .	19a. DATE OF OPERATION					0 🗆	CAUSES OF DEAT			
		RLYING 21b. TIM OF DEATH HOUR A	ME OF INJURY	21c. HOV	V INJURY OCCURRED	(Enter noture	of injury in Port	1 1 or Port 2, Ite	am 18.)	
2000	(If either, notify medical e	xominer) P	P.M.	19						
	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJU	RY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOC	ATION Street or R.F.I). No.	City or Town		County	Stole
	at work ot work) /4h: h :		1 (4	11.1	10 / /6	- dasa	1/-1/0		
	22o. I certify that (I sow the decease) (this hospital)	arrended the deced	1969 and	that in (my) (our	opinion	leath occurre	4, 14, 19 6	and hour an) (we) las
	causes stated o	bove, (I) (we) (d	lid) (did nat) view th	e hady after de	eath.	Aphillon (Jeoni occuite	u on me dole	s and nour an	u HOIII ING
	22b. SIGNATURE	(20	1,41	1	ATTENDING	MED	CTAFE	22c. D#	ATE SIGNED	10
	12/	Verm	nen p	DEGREE	PHYS.	MED. DIRECTOR	STAFF PHYS.	0 5	-19-6	59
1	22d. PHYSICIAN'S NAME (Type) Ba	ום ז, שייין	unkett, Jr.		22e. ADDRESS	Rel At	m Arrams	a Aham	deen, Mo	1
-										l e
2	051401404 45 4 4	23b. DATE May 20, 1		F CEMETERY OR CI		23d.	LOCATION (City o		(County)	(Stote)
2	4. FUNERAL DIRECTOR	riay 20, 1	ADDRE	ancis Ce	metery	C'D BY REGIS	Abin	gdon REGISTRAR'S SI	Harford	Md.
	Howard K. M	cComas &				Y 2 1		Miland	by Junear	in -
12/5		AND THE PROPERTY AND THE	THE WALL STATE SAY	ALTER CELLS	1 V/10/ P4	I feel	10000 /	1	6.1	

agean MENO CI DOLL MANAGED ONE METERS page at the control of the control of SENT HOLLES PROPERTY STATE and the second that the with the start sale of the second where the complete of the comp COUNTRY - High Vo. 1959 St. Prancis Constant the figure of the contract of

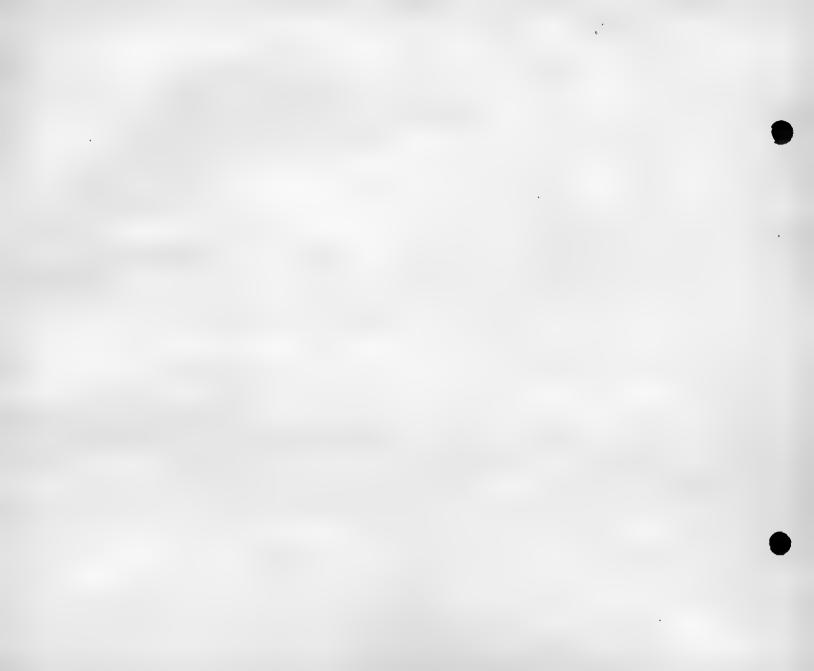
MARYLAND STATE DEPARTMENT OF HEALTH 06927 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06924 CERTIFICATE OF DEATH DECEASED-NAME First 2b. HOUR Muddle lost funeral I and 2 Ier death. 2g. DATE OF DEATH 24 hours after death (Type or print) John Stanley Chilcoat ely filled in by the function ban papers. Pages 1 c 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years TE TRADER 24 HRS Burthday) Male HOURS White July 17, 1890 7a BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country)
Balto, Co, Md. U.S.A. WIDOWED | DIVORCED [Harford County. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12g USDAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within mye street address! Memorial Hospital Operating Engineer pletely fi carban Civil Service Havre de Grace 130 USJAL RESIDENCE (Where deceased ived, if institution Residence before event, 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Harford Bel Air 341 East Broadway YES 🙀 NO remave burial, cremation, ar removal, and in any 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost pe John Chilocat Alloway Laura physician c 17 INFORMANT (Wate) 838-4544 OR ATTENDING PHYSICIAN: The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Broadway Yerno, ar unknown) Mrs. Marie E. Chilcoat Bel Air. Maryland 217-01-6461 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSPONENCE OF Conditions, if any, which gave) rise to immediate cause (o), physician, DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) far use as the p f Health priar ta b this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO I Page 4 may be retained by the haspital ar 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) FOR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year detached fr te Dept. af P (If either, not fy medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from 3-16, 1967, to 5-24, 1969, that (I) (we) lost sow the deceased give on 5-24 1969, and that in (my) (our) opinion death occurred on the date and haur and from the filed with the causes stated above, (1) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED ATTENDING May 24, 1969 DEGREE PHYS DIRECTOR 22d PHYSICIAN S 610 S. Union Ave., Havre de Grace, Md. Henry H. Kwak. M.D. NAME (Type) directar, shauld b 23d LOCAT ON (City or Town) 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION (Caunty) (Stote) May26, 1969 Bel Air Memorial Gardens Bel Air, Harf.Co., Md. Broadway & Williams Joseph William Foster Bel Air, Maryland 21014

1.1

			MARYLAND STATE DEPARTMENT OF HEAL	
	1	06928	IVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR	RE, MARYLAND 21201
1		00320	CERTIFICATE OF DEATH	06925
death.	funeral for death.	1 DECEASED-NAME (Type or print) First	Lip. Levi Colsion	DATE OF DEATH Month Day Year 9 9 M
ificate be executed within 24 haurs after death	2 8 5	3 SEX Male	4 RACE WhiTe Suly 21, 1917	6 AGE (n ybors E UNDER 1 VEAR IE UNDER 24 HRS HOURS MIN
24 hau	ed in b upers 72 har	country) Va.	4.5. WIDOWED DIVORCED	HARFORD. Md
within	campletely filled in nove carban papers y event, within 72 h	tarre-ae-GRE	ace give street oddress) Home Ford Memorial Home Super Supe	UPATION (K nd of work done working life even if ref red.) SOR INDUSTRY A.P. J.
ecuted	cample ove car y event	odmission) STATE Ma	lived, d notifution Residence before 3.3c CITY OR TOWN 3d ins DE CITY . M 159 13b COUNTY HAR FOR A BELAIR YES NO	Box 19. K. D#2
The ex	lease rem	14 FATHER'S NAME FIRST	- Middle Colston Is MOTHER'S MAIDEN NAME First Moms	nie Lost
	physician nen please naval, and i	160 WAS DECEASED EVER IN US ARMED Yes, no, or unknown) (1, yes give wor or KES		lstong Bel AIR MO. RD & 2Bry
eath cer	signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers Paburial, cremation, arremaval, and in any event, within 72 haurs	YE CAUSE OF DEATH (Enter on Y C PART I DEATH WAS CAUSED B IMMEDIATE	cause per line to (0) (b), and (c)) CAUSE (a) CAUSE (b)	tias heaving the onset with the
the d	the ath	Canditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF CENTOR DE LA CONSEQUENCE DE L	ia merked?
quires tha	signed by the burial-transit purial, cremati	stoting the underlying couse	(c) HCute Loukemic	2-3 months
w regu	the burnt of the b	Fan.	IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF THE PERMINAL DISEASE OR CONDITION OR CONDITION OF THE PERMINAL DISEASE OR CONDITION OF THE PERMINAL DISEASE OR CONDITION OR THE PERMINAL DISEASE OR CONDITION OR THE PERMINAL DISEASE OR CONDITION OR	ON GIVEN IN PART I(o)
The law re	has be use as ith prio	RIFIC	IDITION FOR WHICH OPERAT ON WAS PERFORMED 200 AUTOPSY? YES \[\bigcap \text{NO} \]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ICIAN:	rtificate ad far u	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE DEDEATH (If either, notify medical examiner)	216. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	e of injury in Port 1 or Port 2, item 18)
3 PHYS	this ce detache e Dept.	21d INJURY OCCURRED 21e PLA While Not while at work	CE OF INJURY (AT HOME FARM STREET FACTORY.) 234 LOCATION Street or R.F.D. No	City or Town County State
OR ATTENDING PHYSICIAN: The law requires that the death be retained by the hashital or attendang physician	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to	saw the deceased alive	nospital) attended the deceased fram 4-21, 1927, on 9-2, ond that in (my) (our) opinion (we) (did) (did nat) view the bady after death.	ta
	DIRECT DIRECT ge 3 sh led with	22b SIGNATURE	Specific Composer ATTENDING MED DIRECTO	R D STAFF D 22c DATE SIGNED 3/69
TO HOSPITAL	INERAL crar, pa uld be fi	22d PHYS CIANS NAME (Type) # ELL	and C. Loo, M. J. 22e ADDRESS / Av.	re de Grace, And.
TO HC	TO FU direc	230 BURIAL, CREMATION, 23b DATI REMOVAL (Specify) 24 FUNERAL DIRECTOR	V5 1969 PRESONTERIAN OH. YD. C. ADDRESS Zo. RECD BY REGI	HORCHVILLE HARTERD, MD.
	VR AIS VA	K Madwin Min	thelf Havrede Grace Will MAY 7	1969 Colombay Quedate.



	_	- 1	MARYLAND STATE DEPARTMENT OF HEALTH
- 1	~	-1	06929 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
350		-1	06929 CERTIFICATE OF DEATH
	72 2	- lii	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR_
	nours after death Lby the funeral S. Pages I and i	- 1	(Type or print)
	ם היים	7	UNOUSE 1/149 6 1769 1 P."
	offee	١	Land All Control of the Control of t
	S TO S	\ L	7 2111 A/1 20, 1000 80 YRS
		1 70	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	d in		North Carolina USA WIDOWED DIVORCED HARFORD CO., Md
	in light	16	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp-tol 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
	1 수 등 사	11	HAURE de GRACE HARFERD Memorial House most of working lite even if retired.) INDUSTRY Homemaker
	d v	C 13	d USCAL RESIDENCE (Where deceased lived, it institut on Residence before 113c CITY OR TOWN 13th This CITY LIMITS 113e STREET AND NUMBER
	iCIAN: The law requires that the death certificate be executed within. Taurs after death pital or attending physician. Trifficate has been signed by the attending physician and campletely filled in by the funeral of far use as the burial-transit permit. Then please remave carban pagers. Pages I and 2 of Health priar ta burial, crematian, ar remaval, and in any event, within 172 c. is after death.	00	MISSION) STATE Md. 13b. COUNTY HARRON DARLING TON YES NO RT2 CASTLE TON Rd
	d cc	1/	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle act
	8 8 8 8		WYITE CANDII FRANCES Crouse
	ign is as a second in the seco	- 1	
	Sign is set of		Yes, no, or unknown) (If yes give war or dates of sarvice) 12034 17 INFORMANT (SOD) No Prowe TZ. F. B. # Address 31 220-03-3057-A Mr. Melvin F. Crouse Danlayton, Manyond 21034
	ph ave	F	
	ne death cer attending p permit. The ian, ar rema		BETWEEN GINST, AND DEATH
	eat mit.		IMMEDIATE CAUSE (0) CATCLIAC CITEST Seddley
	att an,		4/24 DUE TO, OR AS A CONSEQUENCE OF O
	the the usit p		Conditions, if any, which gove) (b) A.S. C.C. (1)
	tha by ren	H	rise to immediate couse (a), (storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
1	ed ed al-t		lost. (c)
18	The law requires that the death certificate battending physician. has been signed by the attending physician se as the burial-transit permit. Then please the priar ta burial, crematian, ar remaval, and it		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
. S.	and	١,	1 Oscillar De Atri
	bee the	MOLENIA	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b # YES, WERE FINDINGS CONSIDERED IN CERTIFYING
6 -2	he out	515	YES NO NO CAUSES OF DEATH?
	T - T	`	210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hern 1B)
	le fire He		OR CONTRIBUTING CAMSE OF DEATH HOUR AM Month Day Year
	Spirit spirit ed	ğ	In either, northy medical examiner) PM 19
	OR ATTENDING PHYSICIAN: The law re be retained by the hospital or attending DIRECTOR: After this certificate has been ge 3 shauld be detached far use as the led with the State Dept. of Health priar tall	1	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORS.) 21f LOCATION Street or R.F.D. No Lity or Iown County Stote
	G # # # # # # # # # # # # # # # # # # #	-1	of work of work
	by ffer ffer be Stat		22a. I certify that (1) (this hospital) attended the deceased from 4-14, 1969, to 5-6, 1969, that (1) (we) ast
	ed A: A		saw the deceased alive an
	Tie Dat		
	SEC 3 S		ATTENDING MED STAFF
	ITAL OR ATTEND may be retained I tal DIRECTOR: A page 3 should I be filed with the S	T	1228 PHYSICIAN'S NAME (Type) FRUDA CITO MY 220 ADDRESS / CUIVE do THARD MY
	A r A r A r A r A r A r A r A r A r A r		The state of the s
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law in Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to	23	O BUR AL, CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Vown) (County) (State)
	5 5 5 5 2 V	L	BUT A (Specify) MAY 9, 1969 BEL Air MEmorial GARDEUS BELL Him, HART. Co., Maryland 21014
	VR A15 AN	2/	FUNERAL DIRECTOR 250. REC D BY REG STRAR 250 REGISTRAR 3 SIGNATURE 250. REC D BY REG STRAR 250 REGISTRAR 3 SIGNATURE AND STRAND STRA
	45M 1,769	1	JOSEPH William Foster Bel Art Manland 21014 DAMAY 8 1969 Alland & Mary
		-	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06927 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Farst 20 DATE KNOWN TAT Month Doy Year (Type or Print) ny deloy is 2, and 3 to PM3, Page VERN ALLEN DAVES DEATH MATED IF UNDER 1 YEAR 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years IF UNDER 24 HRS 2c DATE PRONOLINGED DEAD Jan. 1931 Male White 7o BIRTHPLACE (State or foreign MARRIED X WEVER MARRIED 9. COUNTY OF DEATH 75 CITIZEN OF WITAT COUNTRY? Office olong with form (duntry) Ohio U.S.A. WIDOWED [7] DIVORCED [Harford 10 CIY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR Edgewood Arsenal during most of working ife, eyen if ret red)
Soldier (Ret) Army Dispensary .30 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Marvland 13b (OUNTY Harford Havre de Graces INO XXX 40 Robinhood Road M ddie 15 MOTHER'S MAIDEN NAME First 4 FATHER'S NAME First Lost Middle 1ast William Dawis)D S. M. Nixon Helen .60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) 280-22-3793 Gisela F. Davis. Aberdeen. Maryland within , 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) May 1 + 12 e DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate cause (a). word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause be forworded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(g) removo!, CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO 🔼 21c. HOW INJURY OCCURRED (Enter noture of in ary in Port 1 or Port 2, tem 18) 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING Explosion .22 19 69 CAUSE OF DEATH 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY (At home, farm, street, { by or Town County State foctory office building etc.). Office Building Edgewood Arsenal Harford Maryland 220 I certify that I took charge of the remains described above, held an Autopsy , (Inspection X). (Inquiry), and in my opinian death resulted fram: Natural couses , (Accident XI, Suicide , Hamicide) Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MED CAL EXAM NER DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Gerald C. Palmer. Bel Air, Md. ADDRESS(Street city, town, ar county) M.D. NAME (Type) 23a BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 27 May 1969 Arlington National Cemetery, Ft. Myer, Virginia 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Tarring Fundal Home Minter Judge VR A15ME (5) Aberdeen, Md. 21001 10M REV 1768



	1	MAKYLAND STATE DEPARTMENT OF HEALTH OCO 21 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	П	06931 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06928
HEALTH DEPT.	1. [DECEASED-NAME First Middle Lost 20 DATE KNOWNO Month	Day Year 2b HOUR
		Type or Print) HARRY GOUGH DAY DEATH MATED MAY	4 19/9 41:00
Page Page	3 9	EX 4 RACE 5 DATE OF RIGHTH 16 AGE (in years 1 -1 -4 MDER - YEAR 15 UNDER 24 HRS 20 DATE PRONOUNINGED DEAD	2d Hour
ony delay is 2, and 3 to 7. PM3 Page epartment of	L	MAY 00 4	Year 1969 4:10 M
1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		B RTHPLACE (State or foreign 7b (T ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Poges 1, with form		TIARYLAND U.SA WIDOWED DYOKED HARFORD	Md
e St.	10.	OITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (It not in hospital during most of working life, even if retired) BELAIR 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
Give Jong w	130	LSUAL RESIDENCE (Where deceosed I ved, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JIM 15? 13e STREET AND NUMBER	U.S. GONT
2 with death.		ISD COUNTY HARFORD BELAIR YES NO X 1234 CONOW	INGO Rd.
INER: This certificate should be executed within 24 hours; offendedth any delay is e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be farwarded to the Chief Medical Examiner's Office along with form PM3 Page files. 3 should be used as a burial-transit permit. Five pages land 2 with the State-Department of sation, ar remayal, and in any event within 72 hours after death.	14	FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME VISITIES MIDDLE MIDDLE	Last
24 h in the interval in		WILLIAM # DAY ELIZA BANNIST	ER
within 24 pencil in kaminer's re pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 338-4256 ADDRESS	
w.thin n pencil Examine Fire pag		(It yes give wor or dottes of service) 226-44-3823 CLARAB DAY - WIFE-	SAME Address
be executed w.! "pending" in period Nedical Exanonsit permit. Free		18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (t)) PART I DEATH WAS CAUSED BY-	BETWEEN ONSET AND DEATH
executed anding" in Medical E t permit. I		IMMEDIATE CAUSE (a) 716 U.E. CONCOUNTY CAUCES SOON	INSTANT
be execute "pending" vief Medical ansit permit	1	Conditions, if any, which gave (b) HYPERTENSIVE ARTERIO SCLEROTIC CARDIO VASCOLLA	AVER LVE
Id b Chi		rise to immediate couse (a), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF DIS EAST	P 0 1 3 (0 / 1)
shauld be e ne word "per ia the Chief I burial-transit		lost.	
certificate shauld writing the word irwarded ta the C. used as a burial-tr naval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
.s certificate te, writing the farwarded to e used as a b remaval, and	3		
writh grwar used mava	CATIC	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
Th.s cate, se fa	CERTIFICATION	210 EXTERNAL CAUSE WAS 21b T ME OF IALURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, In	YES NO
VER: Th.s. certificate, hould be for les. should be use trans or ren		PRIMARY OR CONTRIBUTING HOUR A.M.	317 18)
INER e cer shaul files. 3 sho	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
ICAL EXAMINER: The exercificator Page 4 should be ad far your files. CTOR: Page 3 should 1 burial, crematian, ar		WHILE AT WORK AT WORK office building, etc.)	
DEPUTY CALL EXAM ressary, please execute the funeral director Page 4 may be retained far your FUNERAL DIRECTOR: Page rath prior to burial, crem		22a. I certify that I taak charge of the remains described above, held an Autopsy (), Inspect on (inquiry)	and in my apinian
HCA HCA Hod 1 Horr Bur		death resulted fram: Natural causes 🔀 Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner	
please e I director retained DIRECTOR		CHIEF MEDICAL EXAMINER	MANEL 19x
JITY please any, please leral direction be retained priest priest to priest to the pri		SIGNATURE TRECIPEUT GOLINEAU M.D. ASS STANT MED CAL EXAMINER 226 DATE	SIGNED MAY 4, 198
o DEPUTY necessary, if the funeral 5 may be ra 5 FUNERAL Health priid		EXAMINER'S PHILIP W. HEUMAN, MD, DEPUTY MEDICAL EXAMINER & 307 HICK ADDRESS (Street, city, town, or county) BELA	IR, Md
TO DEPUT necessary the funer 5 may be 10 FUNERA Health	230	BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (CHY or Town)	(County) (State)
		- REMOVAL (Specify) May 7, 1969 Rock Spriby Episcopal Ch. Com. Forest Hill, Harford Co	, ,,
20		FUNERAL DIRECTOR CO. POTOS ALONGESS ST. 250 RECD BY REGISTRAR 125b REG. STRARS	SIĞNATURE
VR A15ME (5) 10M REV 1/68	1	Sosteph william Toster Bret Afrir, Manying 21014 DATE MAY 6 1969 force	rles Judges
^ \ \/\		Treating	



``	IMMEDIATE	DUE TO, OR
rise to in	s, flony, which gave) mediate cause (a), he under ying couse	(b) DUE TO, OR
lost.	,	(c) F-

19g DATE OF OPERATION

21g EXTERNAL CAUSE WAS

CAUSE OF DEATH 21d IN JRY OCCURRED

WHILE E

PRIMARY OR CONTRIBUTING

death resulted from:

TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

21e PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.)

Natural causes

9b CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b TIME OF INJURY Month, Day Year

Accident

Suicide .

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Burned while polishing floor 21f JOEATION Street or R.F.D. No. City or Town County Bel Air, R.D. 3

Inspection

SIGNATURE **EXAMINER'S** Gerald C. Palmer. M.D. NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION,

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO ADDRESS(Street, city, town, or county)

Homicide |

22b. DATE SIGNED 5-14-69 Bel Air. Md. 23d, LOCATION (City or Town) (County)

Inquiry

Undetermined monner

20. AUTOPSY?

YES T

and in my opinion

NO 29

State

Burial 5/17/1969 Bel Air Mem. Gardens | Bel Air. Harford. 2SO RECD BY REGISTRAR 24 FIJNERAL DIRECTOR 21084 Charles E. Kurtz Jarrettsville. Md.

220 | certify that I took charge of the remains described above, held an Autopsy ...

VR ATSME

FOR STATE

HEALTH DEPT:

alang with form

er Poffic

E

guq P.M3

Give Pages

PRESTON STREET, BALTIMORE, MA

This certificate should

DIVISION OF VITAL RECORDS,

the ward

4 should be

ö

2 with the State Depertment death

Tand 2 v

E

a burial-transit

nsed

3 should

5 may be retained for your of FUNERAL DIRECTOR: Page Health prior to buriol, crem

pogest 1 haurs o

event within permit.

QUA

and in

ar remaval, CERTIFICATION

cremation,



1-15		maritand State DEPARTMENT OF HEALTH ALC/69 LL DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06930
FOR STATE	5/	15/69 kk Division of vital records, 301 W. Presion street, Baltimore, Martland 21201	
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Doy Yeor 25 HOUR
S D. E Mar	(Type or Print) John S. Ditch DEATH MATED W MA	10 69 111 M
3 m 2 m	3 5	SEX 4 RACE S DATE OF BIRTH 6. AGE (in years F UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
2, and 3 PM3, port		Dec. 18, 1902 (YRS. MONTHS DAYS HOURS MM. Month/ 1 y Doy (0 Year 67 11AM
and the second s		BIRTHPLACE (State or foreign) 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
farm farm te D	_	Many/and V,S,A, WIDOWED DIVORCED Harford	Md
after death Cny 8. Give Pages 1, 2, qiang with farm P yth the State Depa	10	CITY OR TOWN OF OFATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during post of work done give street oddress) 120 USJA: OCCUPATION (Kind of work done during post of work nighting king king king king king king king k	126 KIND OF BUSINESS OR
r de g w	1/2	AURE OF GRACE HARFORD MENT CREDIT MANINGEN	INDUSTRY MOZEO. O'I Go
s after 18. Grandeath		USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c CTY OR TOWN 13d INSIDE (IT) LIMITS? 13e. STREET AND NUMBER 13b COUNTY/Antona BELDIE YES NO 8 BOXALE	11.1-
Hem 18	14	odm ssion) STATE Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	1705-
Hem I and I and I	14.1	the distriction of the second	lan la
hin 24 ncal in niner's pages haurs	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT	1716
	0	Yes no ordinknown) (Hyas give war or dates of service) 312-01-1793 Vibla Ditch 8 BONRIE A	PTO.
te shauld be executed wil the word "pending" in pe d to the Chief Medical Exai a burial-transif permit. File ind in any event within 72		18 CALISE OF DEATH (Enter only one cruse per line for (n) (h) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute ng: dica mit with		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CO TOND TY OCCUSED	DELIVER ONSE! AND DEATH
Me, nt v		4/09 DUE TO, OR AS A CONSEQUENCE OF	
be "pe hief onsr		Conditions, it only, which gave a rise to immediate cause (a) (b)	
ould ford al-tr		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho ne w o th o th		lost (c)	
XAMINER: This certificate : te the certificate, writing the ge 4 shauld be farwarded to yaur files. **age 3 shauld be used as a b crematian, ar remaval, and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rinfir rintin vai,	NO	190. DATE OF OPERATION 196. COND. HON FOR WHICH OPERATION	20. AUTOPSY?
e, w farv farv	E	WAS PERFORMED?	YES NO TO
VER: This certificate writing certificate, writing hauld be farwardelles. shauld be used as tian, ar remaval, c	CERTIFICAT.ON	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2,	
ER: certificauld auld es. thaufinaufi	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	•
she can she she she she she she as she as she mati	MEC	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
SICAL EXAMINER: se execute the certicor. Page 4 shaulc ned for yaur files. ECTOR: Page 3 shau burial, crematian,		WHILE NOT WHILE Toctory, office building, etc.)	•
L EXA cecute Page for ya for ya ial, cre		220. 1 certify that I took charge of the remains described above, held an Autopsy Inspection Inqu'ry	ond in my opinion
TY DICAL ENTRY, please executed director. Page retained for the prior to burial,		death resulted from: Natural couses 🔼 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined monner	
dure dure DIR		ACTUAL PROMISE PARMED CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF C	
TY, Py, Py, Py, Py, Py, Py, Py, Py, Py, Py		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L	E SIGNED
o DEPUTY necessary, I the funeral s may be r o FUNERAL Health prid		EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. DEPUTY MEDICAL EXAM.NER ADDRESS(Street, city, town, or county) Bell Air	No cross
O DEPUTY CALL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health priar to burial, crem	220	NAME (Type) Deliate ADDRESS (Street, city, fown, or county) Bell Air Burial (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
5	230	-RHOVAL (Specify) 5-14-69 ST John's Ellicott E.G.	Howard Pro
0	24	FINISPAL DEPCTOR 25 ADDRESS 25 PECTURY OF STRAR 25 PECTURAL 25 PETURAL 2	
VR ATSME (A)	H	iginbothom-Slack Ellicottety, and. MAY 13 1969 yelland	En Judge :
100000	-	1 1000	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06934 CERTIFICATE OF DEATH I. DECEASED-NAME 2a DATE OF DEATH death. requires that the death certificate be executed within 24 hours ofter death (Type or print) filled in by the funeral Month hours after 3 SEX 4 RACE DATE OF BIRTH IF UNDER 1 YEAR AGE (In years last birthday) MONTHS I DAYS HOURS DEZ. 9. 1889 70. BIRTHPLACE (State or foreign 7b. CJ ZEN 9 COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗔 country WIDOWED [DIVORCED IO, CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR the attending physician and completely fist permit. Then please remove carbon Juduring most of working life, even if retired \ INDUSTRY SERVICE 13a USUAL RES DENCE (Where deceased lived, if institution Residence before 130 STREET AND NUMBER 13d INSPOE LITY JAMES? odmission) STATE 13b COUNTY YES X .4 FATHER'S NAME or removal, and in any M ddie IS. MOTHER'S MAIDEN NAME FIRST Lost Middle Last WSEW 17 INFORMAN (Seu NO 5-6006) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Address 1615 Yes, no, or unknown) (1) yes give war or dates of service) 220-20-7458-A ME FRANKS, DRAPET BAltemore, Many 192123 APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY: e far (a), (b), and (c)) buriol-tronsit permit. IMMEDIATE CAUSE (0) DUE TO/OR/AS A CONSEQUENCE DE Canditians, if any, which gave rise to immediate couse (a). Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(g) prior to far use as the 19¢ DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO 🔀 with the State Dept. of Health 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18) 216 TIME OF INJURY TOR CONTRIBUTING TAJSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 210 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D No. City or Tawn County State. While Not while at wark 22a I certify that (1) (this haspital) attended the deceased from 4-28, 1969, ta saw the deceased alive on 5-10 _1969, and that in (my) (our) apinion death accurred an the date and hour and from the 3 should couses stated above, (1) (we) (did) (did nat) view the bady after death 226_SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v **DEGREE** DIRECTOR 22d/ PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23a BURIA, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) BUTE A 1744 13,1969 wood AWN CEMETER BAltimore WEST Brooklushy & williams St. 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE limeles JOSEPH WILLIAM FOSTER BEL Him MAMINIA 21014



1		06935	DIVISION OF VITAL RECORDS,	301 W. PRES	TON STREET, BALT	IMORE, MAI	RYLAND 21201		
•		111111111111111111111111111111111111111		CERTIFICA	TE OF DEATH			0693	2
-24		CEASED NAME First	Middle		Lost	20. DATE OF	DEATH	v	2b. HOUR
the funeral ges I and 2 Sallyer death.	1	ype or print)	MAE A (Mnn M)	DUNN			May 2nd,	1969	M
	3. SI	X	4. RACE	5.	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
		Female	White		January	1911	lost birthdoy) 58 YRS.	WONERS DATS	HOURS MIN
	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9, COUNTY OF	DEATH		
		Penn.	USA	WIDOWED 🔀	DIVORCED [Har	ford Co.		Md.
	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	STITUTION (If not in	hospital 12a USU		(Kind of work done	125 KIND OF I	BUSINESS OR
	L	Belair	give street addiess) Hal				emaker	MUUSIKI	
	13a adm	USUAL RESIDENCE (Where decease ssion) STATE	d lived, it institution. Residence before	13c. CITY OR TO			REET AND NUMBER		
		Maryland	13b. COUNTY arford	1			udor Hal	l, Bel	
	14.]	ATHER'S NAME First	Middle Last	1S. M	OTHER'S MAIDEN NAME		Middle		Lost
	1/	Unknown WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY I	NO 117. INFO	Kathryn	Butry			
		es, na, ar unknawn) (If yes give wi	ar or dotor of connect	1		l. 989	Address	11	m 1 11
	-	no	103-03-	8345 M	rs. Dorot	hy E.	Fox-Tudo	r Hall	Relai
		PART I DEATH WAS CAUSED	γ ane cause per line far (q), (b) and (c)	11DA	20 Mr. appleto	dia Caro	licens D.	BETWEEN OF	ISET AND DEATH
	L	1 1MMEDIA	TE CAUSE (a)	77/	Di william Vil	Mile Gerry	words ou	2000	
	ı	Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	doi. cook	Bedio Caro	harris	really Des	10-1	
		nse ta îmmediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF	rounte	varie Cou	was www	Carry Cook	1000	-
		stoting the underlying couse last.	(c)						
	1	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO TH	IE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART I(o)		
	=								
	CERTIFICATION	19a. DATE OF OPERATION 19b (CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20c AUTOPSY?		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
X	FIE				YES NO]			
	ICAL CE	210 ACC DENT WAS UNDERLYING CAUSE OF CEATE			INJURY OCCURRED (Ente	or noture of inju	ry in Part 1 or Part 2,	Item 16.)	
	MEDIC	(If either, notify medical examin	er) P.M. 19	9					
	~	21d. INJURY OCCLRRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET FAC	CHORY) 211 LOCA	TION Street or R.F.D. No	o City	or Town	County	State
		ot work ot work	- b 25-10 - 55 - 10 - 10 - 10 - 10 - 10 - 10		/ 1/2 10	19 10	(/2) 10	(9 short	//\ /\ lead
		cow the deceased of	s hospital) attended the decease	ed from	not in (my) (our) on	inion death	occurred on the de	ote and hour	(I) (we) lost
		couses stated obove	, (I) (we) (did) (did not) view the	body ofter dec	ith.				/
		22b SIGNATURE	- / //		ATTENDING	MED.	STAFF 22c.	DATE SIGNED	10.
		16 Now	2/06/6	DEGREE	PHYS Left	DIRECTOR U	PHYS.	3/7/	67_
/		NAME (Type) Lewi	d Kahan M.D.		22e. ADDRESS Trimb 1	e & Ed	lgewood R	ds. Re	lair
	20			CEMETERY OR CRI			ON (City or Town)		(State)
	230				em. Park	1	Balto	(County)	(31016)
	24.	FUNERAL DIRECTOR	ADDRESS	Land M	d 21313	BY REGISTRAR	2Sb. REGISTRAR'S		
1	Mi	tchell-Wiede	feld Home-6500	York R	d. 21212		969 Miles	well Jun	dec

MAKTLAND STATE DEPAKTMENT OF HEALTH



70 1 , 0 10 2 ¥.y.

	MAKTLAND STATE DEPARTMENT OF HEALTH
7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06934
/	06937 CERTIFICATE OF DEATH
. 2	1 DECEMBER AND A STATE OF THE S
death. neral and 2 death,	(Type or print) Month. Day Year
de de	
fer ss 1	3 SEX J. A. RACE S. DATE OF BIRTH 6 AGE ('In years FUNDER 24 HRS. Gust, birthday) MONTHS DAYS HOURS MIN
rs after Pages	Oct. 20 1889 Igst birthdoy) YRS MONTHS DAYS HOURS MIN
haurs after deat in by the funeral ers. Pages 1 and 2 fines after deat	70. BIRTHPLACE (Stote for foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED THEVER MARRIED 9. COUNTY OF DEATH
be executed within 24 haurs after death one campletely filled in by the funeral e remave carban papers. Pages 1 and in any event, within 72 hauss after death	country) Nd USA WIDOWED DIVORCED HOURS MAKE MAKE DIVORCED HOURS MA
within 2 ely fille ban pap within	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (If not in hasp tol give street address) 12 degree address 13 NAME OF HOSPITA. OR INSTITUTION (If not in hasp tol degree address) 14 DESTRUCTION (Kind of work done degree of the time of the property of the
ertificate be executed within 24 physician and campletely filled ien please remave carban pape avai, and in any avent, within	HARFORD /VEMORIAL MISFIAL MISFIAL MAN ANDS.
Implete ve cark	130. USUAL RESIDENCE (Where deceosed lived, if institution Residence belote 13c CITY OR TOWN 13d MISTOR CITY LIMINS 13d STREET AND NUMBER
E & E & E	Harland Harrendonia 635 Junden Jane
	14 FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Lost
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- I TIOLE I VIAI Q C 41) LIE
i, ar	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dotes of se vice) Address Address
requires that the death certificate physician signed by the attending physicial burial-transit permit. Then pleas burial, crematian, ar remaval, an	- 246-05 2607 (GRACE D. L-+418 11. / HAVRE PETRALE/16,20078
ing ing	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (/))
eath mit. ar r	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Deure Cardiac Debunyan & Glion
aft aft an,	4/23 DUE TO, OR AS A CONSEDUENCE OF
sit the	rise to immediate cause (a). (b) Willin to Sell no be pleast profile
- 4 8 € E E E E E E E E E E E E E E E E E E	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that the d physician signed by the att burial-transit per burial, cremation,	<u>lost.</u> (c)
Paring Sign	PART 2 OFFER SIGNIFICANY CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
w r v r to	5 Bilgleral Basilar Pheumerna.
s bee as thornar t	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The affe	
AN: Or Cate	
PHYSICIA e haspital nis certifici itached fa Dept af H	(If e ther, notify medica, examiner) P.M. 19
has has s ce sche	2 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f 10CATION Street or R.F.D. No. (thy or Town County Stote
TENDING PHYSICIAN: The law retained by the haspital ar attending ECTOR: After this certificate has been 3 should be detached far use as the with the State Dept af Health priar to	at wark at wark
by by frer be Stat	220. I certify that (1) (this haspital) attended the deceased from 5 - 10 , 19 69, to 5 - 32, 19 69, that (1) (we) last
TTENDING ained by OR: After nauld be	saw the deceased give an causes stated above, (1) (we) (did) (did not) view the body ofter deoth.
TENI TENI CTOR: A shauld vith the	22h SIGNATURE 22x, DATE SIGNED 1
REG d w	Dantell Monoscil DEGREE PHYS DIRECTOR D STAFF DI () LOS
AL V bridge file	22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
TO HOSPITAL (TENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health priar to	NAME (TYDE) PAUTE U. MONAKIC, MID. 211 N. Wenson Au turbedila. The
HO. FUN FUN	230 BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
5	BUNDALSBORY MAY 25/169 ANGEL HILL EN HAVREDE GLACE HOPERUMD,
VR AIS MA	24 ELINERAL DIRECTOR 250. REC D BY REGISTRAR 250. REGISTRAR S SIGNATURE
45M 1/8/2	Willadison Michael HARREDEGRACE, MD, DAMAY 26 1969 Actionles Jusque.



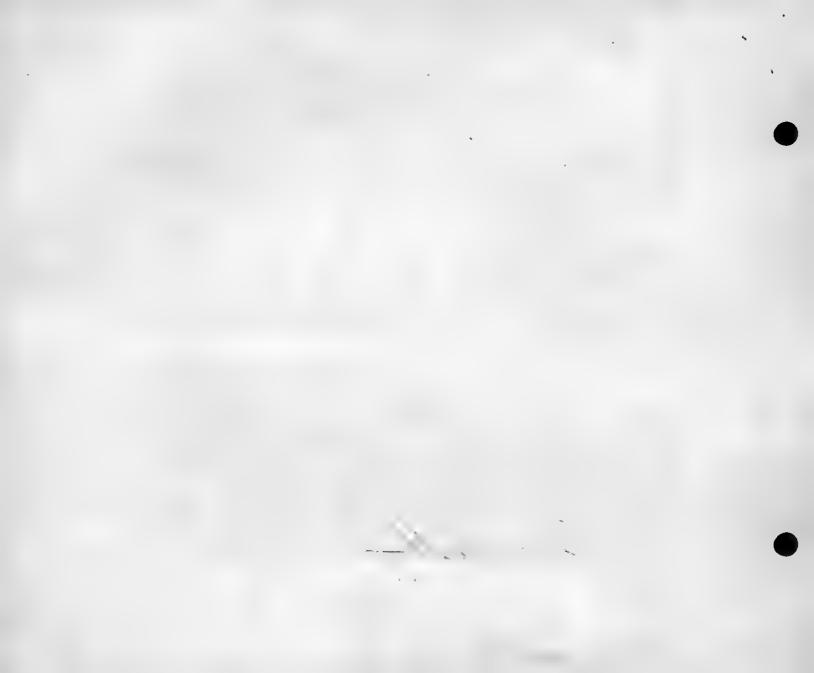
1	MARYLAND STATE DEPARTMENT OF HEALTH OF OR OF OF THE OF TH
FOR STATE	06938 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWNES Month Day Year 12h HOLL
	(Type or Print) Kenneth James Fender OF ESTI- DEATH MATED MAY 3/ 1969 1.10
any delay is 1, 2, and 3 to m PM3. Page	3 SEX 4 RACE S DATE OF BIRTH 6. AGE IN 1901S F WIDER 14 HAS 25 DATE PROMOSINGED DEAD 25 HOURS
2, and PM3. P	Male White 4/26/1906 63 YRS. MONTHS DAYS MOURS MAIN MONTH DOY 3/ Year 1969 1/10
F 67 (18)	70 BIRTHPLACE (Stole or foreign 76 CIT-ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	N. C. U.S.A. WIDOWED DIVORCED Harford
Stal	10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 IISIIA) OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
Sive Pages 1, algorithment of the State De leath	Bel Air give street oddress) Conowingo Road during most of working life, even if retired.) RDUSTRY Farming
	130 USLAL RECIDENCE (Where deceased lived if inctition her deceased lived if inctition her deceased lived in inctitor her deceased lived in incition her deceased lived in incitor her deceased lived
haurs after trem 18. G Office alon 1 and 2 with after, death	
hin 24 häurs ncil in Item L niner's Office pages I and 2 hours after d	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MA DEN NAME First Middle Lost
7 6 0 0 0 1	Thomas M. Fender Sarah Jane Edwards
hin 24 noth in niner's pages hours	160. WAS DECEASED EVER NUS ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS RD #1, Box 23' 17 INFORMANT 180 1
be executed within 24 haurs a "pending" in pencil in Item 18. ief Medical Examiner's Office all insit permit. File pages land 2 wevent within 72 hours after. dec	
be executed "pending" in itef Medical E. insit permit. Fevent within	BETWEEN OBSET AND DEATH BETWEEN OBSET AND DEATH
e executi pending" ef Medica ssit permit	IMMEDIATE CAUSE (0) HILLYTE CONGESTIVE THEACT TALLURE SEVERAL HOLL
e e e e e e e e e e e e e e e e e e e	Conditions, Tony, which gave)
ould b ward " he Chi al tran	ise to immediate couse (a) (b) CARDIAC ASTAMA - MERKT PAILURE COURT PAILURE
the ward "per the ward "per ta the Chief! burial transit d in any ever	storing the underlying couse DUE TO OR AS A CONSEQUENCE OF
cate slate slate slate slate slate slate and tall and in and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
VER: This certific certificate, writin hauld be farward iles. shauld be used as shauld be used as	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO NO NO NOTION FOR WHICH OPERATION 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
This control of the c	WAS PERFORMED?
and be a be	2 0 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M.
ER: certif certif las. shauk itan,	CAUSE OF DEATH P.M. 19
KAMINER: te the certi ge 4 shauld ge 4 shauld ge 3 shau crematian,	2 d. N.JRY OCCURRED 21e PLACE OF N.JRY (At home, form, street, foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. (ity or Town County State
L EXAMINER: ecute the cert Page 4 shaul ar yaur files. R: Page 3 shai al, crematian	AT WORK AT WORK
ICAL I executar. Potent far. P	220. I certify that I took charge of the remains described above, held an Autapsy 🗍, Inspection 🔀, Inquiry 📐 and in my opinia
elease el directar. directar. DIRECT	death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .
please directs and DIREC	ACTUAL PHILIP W. HEUMAN MD. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED 226 DATE SIGNED
TY NY, Rend Paral Paran Paral Paran Paral Paran Paral Paran Paral Paran Paral Paran Paral Paran Paral	
D DEPUTY necessary, the funeral 5 may be 5 FUNERAL Health pri	CARRIER 7
TO DEPUTY DICAL EXAMIT necessary, please execute the the funeral director. Page 4 sls 5 may be reta med far your fit 10 FUNERAL DIRECTOR: Page 3 Health prior to burial, crema	NAME (Type) ADDRESS(Street, city, town, or county) BELAIR, Md21015 230 BURIAL, CREMATION. 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
F . F .	Burial 6/3/1969 Mt. Zion Bel Air, Harford, Md.
,	24. FUNERAL DIRECTOR ADDRESS 21084 250 REGISTRAR 25b REGISTRAR S SIGNATURE
VR A15ME [5] 10M REV 1768	Charles F Vants Torretterille Md
TOWNER 1700	Charles E. Kurtz Jarrettsville, Md. DAR JUN 3 1969 (Charles year)



	MARYLAND STATE DEPARTMENT OF HEALTH	
1	6939 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	,
	CERTIFICATE OF DEATH 069	936
جزر کے کرج	ASED-NAME First Middle East 2a. DATE OF DEATH	2b. HOUR
	a print) Joshua Eucene Tisher Manth Day	Year
159		UNDER I YEAR IF UNDER 24 HRS
s after the fy ages rs after	Mal 110 G to 1 100 S last b riphay) Moi	NTHS DAYS HOURS MIN
by t Pa		
physicion. signed by the atlending physician and completely filled in by the fish buriol, cremation, ar removal, and in ony event, with a 72 haurs after buriol, cremation, ar removal, and in ony event, with a 72 haurs after buriol, cremation, ar removal, and in ony event,	THPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED 0.VORCED 19 COUNTY OF DEATH	6 D Md.
ille pos	OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (if not in hosp tol 120 USUAL OCCUPATION (Kind of work dane	
within within	2/ A12 give street address) Har Ford Memorial Labor	126 KIND OF BUSINESS OR INDUSTRY STORES
ote be executed within 24 ho kidn and completely filled in lease remove corbon pagers. and in ony event, with n 72 h	UAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d WISDE CTY JWTS? 13e STREET AND NUMBER 13b COUNTY 2 2 Form 13c CITY OR TOWN 152 NO 2 2 3 Hours	ingthe.T
T CO mov	HER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
ond ond In on	bomes Fisher Mabel Copper	-
and and	AS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address	ma
certificate g physician Then please	na, ar unknown) [1 yes give wor or dates of service] 213-14-3139 VELLA AFTIShan 13	BELAIR
ne death cer aftending p permit. The	CAUSE OF DEATH (Enter only one cause per line for (a), (p), and (c))	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
requires that the death g physicion. signed by the attendin. b burial-tronsit permit.	PART I. DEATH WAS CAUSED BY Bruk. Branchogine Carennama	4 years
artte on,	DUE TO, OR AS A CONSEQUENCE OF	
the the sit properties	anditions, if any, which gave	
in. by on rem	e ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF	
physicion. signed by the burial-tronsit	(t)	
in planting and in the state of	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)	
ng e	Distrites welliting as there & made and who is more at	h.
ow fow shall for the fort	DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONS	DERED IN CERTIFYING
The after has had been after had bee	YES NO CAUSES OF DEATH?	
it of the second	a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Horn	1 [8]
Tangle and the second of the s	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	
YSI osp cert hed ot. o		ounty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to	thile Not while at wark	31410
by be be stat	ca. I certify that (I) (this hospital) attended the deceased from June 1, 19 4, to May 16, 19 63 saw the deceased alive an May 14 19 69, and that in (my) (our) opinion death occurred on the date	2 , that (1) (we) ast
END ned Nr. A Uld	saw the deceased alive an	and hour and from the
A Paragraphic	b SIGNATURE 224 DATI	E SIGNED
OR Se re sed w	DEGREE PHYS DIRECTOR	m 19/69
IAL DOUGO	d PHYSICIAN'S P 22e. ADDRESS //	
TO HOSPITAL Poge 4 moy 1 TO FUNERAL C director, pag	NAME (Type) YOBERT BARTHEL M.D. FOREST HILL, MARYLA,	NO 21050
P HC Poge Fullified Shou	MOVA. (Specify)	(ounty) (State)
5 5 0	VERAL DIRECTOR ADDRESS 25a. RECD BY REGISTRAR 25b REG STRAR'S SIG	
VR AT THE	ITTLE GRONG BEL 17 DAMAY 21 1969 Actionle	Loudel.
	III LA JOS JAMAI 61 DOS	1 0

e i e hari i e in

	tems 16-22a Film 413 MARYLAND STATE DEPARTMENT OF HEALTH -24-69 and Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201
TATE	16940 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
T.	DECEASED NAME First Middle Lost 20. DATE KNOWN Month Doy Year 2b HOUR (Type or Print) DECEASED NAME First Middle Lost OF ESTI-
	A. FOOTE DEATH MATED May 29, 1969 3:20
	SEX 4. RACE S DATE OF BIRTH 6 AGE (in years IF LNDER 1 YEAR IF JNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR Months DAYS HOURS MM. MONTHS DAYS MM. MONTHS
L	remate White April 3, 1914 55 YRS May 07 29, 10 10 69 3:26
	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Harford M
Ī	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
ı	Harve-de-Grace Give street oddiess Harford Memorial Hospi tal Housewife Home
ľ	O USJAL RESIDENCE (Where deceased hved, 1 institution Residence before 13c CITY OR TOWN 3d INSIDE CITY JM IS? 13e STREET AND NUMBER
L	odmission) STATE Maryland 13b. COUNTY Harford Bel Air YES NO KK 1406 Belcamp Road
ľ	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
Į.	John Johnson (D) Mary Cimeno
I	o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (11 yes give wer or doins of service) 218-32-9946 C. Donald Foote. Bel. Air. Maryland
ı	DETWEEN ONSE! AND DEATH DETWEEN ONSE! AND DEATH
	MMCDIATE CAUSE (a) Sudden death during caudal anesthesia
	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF for surgery of rectum
	rise ta immediate cause (a), (b)
	last underlying cause DUE 10, OR AS A CONSEQUENCE OF
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	Adenocarcinoma of rectum
1	19a DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION 20 AUTOPSY? Scheduled (5-29-69) WAS PERFORMED? Carcinoma of rectum YES 10 NO 121a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)
ı	Scheduled (5-29-69) WAS PERFORMED? Carcinoma of rectum YES EX NO
	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem 18.) PRIMARY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem 18.)
ı	CAUSE OF DEATH FIM P.M 5-299 69 Interaptiet it misadventure
l	21d INJURY OCCURRED 21e P.ACE OF INJURY (At home, farm, street, form, street, at work At work Mark of the pullding, etc.) 21f cocation Street or RFD No. City or Town County State Havre de Grace Harford Md.
l	220. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [], Inquiry [], and in my opinion
	death resulted from Natural couses . Accident . Suicide . Hamicide . Undetermined manner
ı	
ı	ACTUAL SIGNATURE ACTUAL M.D. ASS STANT MEDICAL EXAMINER 226 DATE SIGNED
l	DENITY MEDICAL EVANUED 5/30/69
	EXAMINER'S Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, ar caunty)
-	3a. BUR AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
1	Burial June 2, 1969 Bel Air Memorial Gardens Bel Air, Harford Co. Md.
	4 FUNERAL DIRECTOR Tarying Tuneral Home 250 RECD BY REGISTRAR 256 REGISTRAR 3 S GNATURE
	Without le appelle St. Aberdeen, Md. 21001 PARIN 2 1969 Thisley Judge.



-1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	93 8
FOR STATE	86941 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Day	Year 2b. HOUR
ta ta of	(Type or Print) Isabelle Gertrude Friedell OF ESTI- DEATH MAIED MAY 2.	6 1969/100 M
	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
M3.	fast birthday MONTHS OAYS MOURS MIN. Monthelle Day	ear 10 0'2 4
5.55 B	Female White 11/24/1916 52 YRS """//AY "26" 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1967 1000 M
1 E B B B B B B B B B B B B B B B B B B	(Chinater)	
for for	COUNTY Alto. Md. U.S. WIDOWED DIVORCED Harford	Md
Pgate St.		IND OF BUSINESS OR
fter death Give Pages ong with far th the State	Norrisville Long Corner Road Proof Redder-Wayer	lv Press
the ongoing	130 USUAL RESIDENCE (Where decreased lived if institution Residence metoral 3c. CCTY OR TOWN [13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 1) #2	Box 197
24 hours after death any delay in Item 18. Give Pages 1, 2, and 3 r's Office along with farm PM3. Pages 1 and 2 with the State Department rs after death.	odmission) STATE Md. 13b. COUNTY Harford, White Hall YES NO K Long Corner R	oad
Hice Hice Ter	14. FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Last
4 4 9 5 4		eckfus
	160 WAS DECEASED EVER IN U.S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 5807 87 th St. Cardoness 11 ton	· Mda
executed within anding ar petrel Medical Examine permit. The page int within 72 hau	(Yes, no, or unknown) (If yes give wor or do'les of service) 238-20-7593 Mrs. Charles A. Collier, sister	20784
是是 是只		APPROX MATE INTERVAL
	DADT I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
buld be executed- rord "pending" m is Chief Medical E al-transit permit. I any event within	IMMEDIATE CAUSE (0) CARBON MONOXIDE POISON	BOMIN
end M M t p	j . DUE TO, OR AS A CONSEQUENCE OF	
in per in	Conditions, if any, which gove note to immediate cause (a) (b) SUICIDE	
C Page 1	storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e should be e ne word "per to the Chief I burral-transit I in any even	last.	
INER: This certificate should be executed to certificate, writing the word "pending" should be farwarded to the Chief Medical files. 3 should be used as a burial-transit permit. option, or removal, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ded in ing		
nis certificate into writing the forwarded to be used as a bremoval, and	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	20. AUTOPSY?
INER: This certificate, writ should be farwar files. 3 should be used option, or remova	WAS PERFORMED?	YES NO NO
This ficate, be fa	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.	
	DDIMA DV STOD CONTRIBUTING STORY HOUR A M	,
celles.	Q CALSE OF DEATH	
(AMINER: te the certii ge 4 should four files. age 3 shoul		inty Stote
		FORD MA
y, please executal director. Poise executal director. Poise executal director. Poise executal director. Poise executal director.	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my opinion
E Carlo a CA	death resulted fram: Natural causes , Accident , Suicide , Homicide Undetermined manner	
ssary, please estuneral directar. by be retained NERAL DIRECT		444-1-1-
ale ale ale	ACTUAL 201 A	WINY 26, 1769
UTY, lero be be pr	DEBUTY MEDICAL EVALUATION OF THE STATE OF TH	VAVE
F F F	EXAMINER'S NAME (Type) PHILIP W. HEUMAN M.D ADDRESS(Street, city, town, or county) RE, A, R	De 12100
ro DEPUTY necessary, the funerc 5 may be ro FUNERA Health pr	230 BURIA., CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (COUNTY)	e III a si off
7 4 2 -	DEMONIA II L	iγ) (Stote)
^		UDC
VR ATSME (S)	24 FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 250 REC'D BY REG STRAR 250 REGISTRAR 5 S.GNAT	Lagorate.
10M REV 1 68"	3331 Brehms Lane DATMAY 2 8 1969 Tours	0 "3



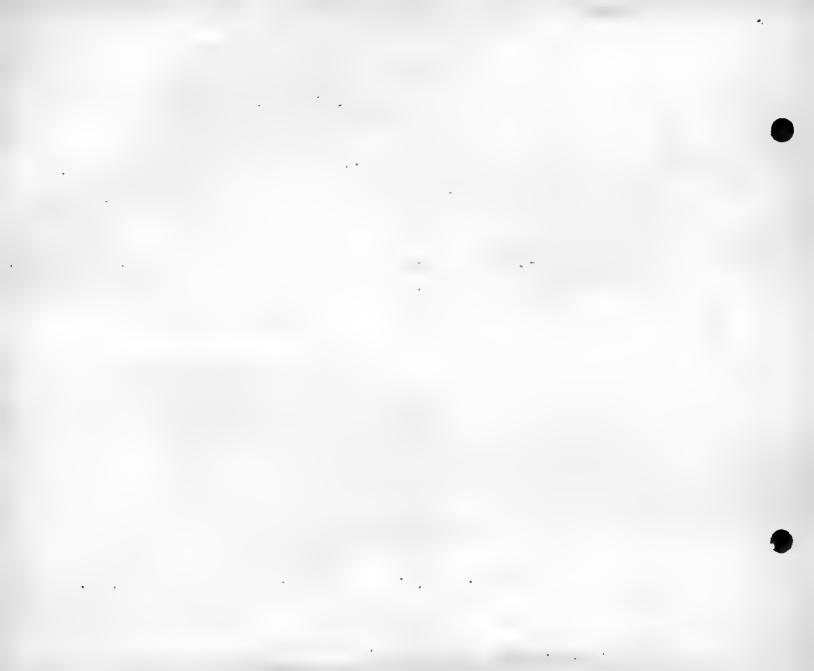
18 CAUSE OF DEATH (Enter only one cause per line of (a). (b). and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Solid Conditions, if any, which gave itse to immediate couse (a). Stating the underlying couse (b) And And Death BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	THE CHARGE MANNE First Model Mod	_	~/		B.			ND STATE DEPARTMENT OF		
CERTIFICATE OF DEATH Decay Decay	CENTIFICATE OF DEATH CONTINUED NOT CONTINUED NOT SHOW OF PARTY Test Gold Continued Not				l	06942	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	
DECEASED-HAMME [Type or print] JAM 65 JAME 1 ARCE SALE OF BIRTH SALE OF DEATH SALE OF DEAT	De partie de par	U		•		C		CERTIFICATE OF DEATI	Н	06939
[Type or print] A MES W, I AM A RACE S DATE OF BIRTH PEPT 22, 1889 6 AGE (in years month grow) To BIRTHPLACE (Stote or foreign country) To CITIZEN OF WHAT (OUNTRY) B MARRIED NEVER MARRIED N. Marke Body To BIRTHPLACE (Stote or foreign country) To CITIZEN OF WHAT (OUNTRY) To CUNTY OF COUNTY OF OEATH To CITIZEN OF WHAT (OUNTRY) To CUNTY OF COUNTY OF OEATH To CUNTY OF COUNTY OF OEATH TO COUNTY OF OE	(Type or pann) A M & SAGE (In year) S DATE ON BROWN STATE STATE AND SAGE OF THE SAGE STATE STATE OF THE SAGE STATE STA		-	2 2	1 0	CEASED-NAME First	, Middle			7h HOUR
WIDOWED D. DO VORCED THE REPORT OF THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	UNDOUGH OF OWNERD OF STATE OF CONTROLLING TO PROPERTY OF STATE OF STATE OF CONTROLLING TO PROPERTY OF STATE OF		leath	eral and death		ype or print)	1111	1/ 1 -	7 1/ Month all	
WIDOWED D VORCED HARFORD 120 USIA. OCCUPATION (Profit in hospital) 120 USIA. OCCUPATION (Profit in hospi	UNITARIES NAME FIRST Modes and property of the		10	ru – P	3. 5			5 DATE OF BIRTH	6 AGE (In years	IE UNDER I YEAR JE UNDER 24 HRS
WIDOWED D. DO VORCED THE REPORT OF THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	UNDOUGH OF OWNERD OF STATE OF CONTROLLING TO PROPERTY OF STATE OF STATE OF CONTROLLING TO PROPERTY OF STATE OF		s offi	the ages rs oft		MALE	WhITE		1 7 0 0 (Nort-bithday)	MONTHS DAYS HOURS MIN
The state of the s	THE CAUSE OF DEATH (FIRST CONTRIBUTING TO DEATH BUT NOT ALLERON OF A ALLOPSY) THE CAUSE OF DEATH (CAUSE (C) THE CAUSE OF DEATH (COUSE OF COUSE	1	igo,	19 Miles		to) // a	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	,
The state of the s	THE CAUSE OF DEATH (FIRST CONTRIBUTING TO DEATH BUT NOT ALLERON OF A ALLOPSY) THE CAUSE OF DEATH (CAUSE (C) THE CAUSE OF DEATH (COUSE OF COUSE			F. E. C.	L	" VIRGINIA	437	940	HARFORD	
130 USUAL 85 CHE (Where degreed had, at less than residence palore 125 CTY OF TOWN 125 FOOR 125 STREET AND HUMBER 125 CTY OF TOWN 125 FOOR 125 STREET AND HUMBER 125 CTY OF TOWN 125 STREET AND HUMBER 125 STREET AND	19a_DATE OF OPERATION 19b_CONDITION FOR WHICH OPERATION WAS SPEED MED 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 21c_AUST DIAL DAY TO THE COUNTY OF THE COLOR STOP IN THE COLOR STO		th:	二五三	10.	THE OR TOWN OF DEATH	give street address)		most of working life, even first red.	
admiss of STATE 14 FATHER'S NAME First Models Lost Is MODER'S MADER NAME First Models Lost Is MODER'S MADER NAME First Models Lost Is MODER'S MADER NAME First Models Lost Is MODER'S MADER NAME First Models Lost Is MODER'S MADER NAME First Models Lost Is MODER'S MADER NAME First Models Lost Is MODER'S NAME FIRST Models Lost Is Models Lost Lo	THE DESCRIPTION 196 CONDITION FOR WHICH OPERATION WESTERFORMED 200 AUTOPSY? 200 LE YES, WERE FINDINGS CORS DERED IN CERTIFYING CAUSES OF DEATH 190 DATE of		× ×	erely arbo	130	TURE DENCE (Where decease)	d lived it institut on Residence before	13 CJY OR TOWN TO HIS HISTORY		/ U.S. Mavey
A FATHER'S NAME First Nordile Light Standard NAME First Nordile Light Standard NAME Report	THE DESCRIPTION 196 CONDITION FOR WHICH OPERATION WESTERFORMED 200 AUTOPSY? 200 LE YES, WERE FINDINGS CORS DERED IN CERTIFYING CAUSES OF DEATH 190 DATE of		cutec	ampl ve c	adm	ss on) STATE Md.	136 COUNTY / CE//			P.F.D.
BE CAUSE OF DEATH (Enter only one cause per line) (3) (b), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (3) (b), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (3) (b), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (b), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd (c)) 18 CAUSE OF DEATH (Enter only one cause per line) (d) (d), gyd	19a_DATE OF OPERATION 19b_CONDITION FOR WHICH OPERATION WAS SPEED MED 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 21c_AUST DIAL DAY TO THE COUNTY OF THE COLOR STOP IN THE COLOR STO		exe	o pu	14.	ATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAM	E First M ddle	Last
The Solid State of the Solid State of Solid Solid State of Solid S	THE DESCRIPTION 196 CONDITION FOR WHICH OPERATION WESTERFORMED 200 AUTOPSY? 200 LE YES, WERE FINDINGS CORS DERED IN CERTIFYING CAUSES OF DEATH 190 DATE of		e pe	an a se p		JAMES	William H			- 150w (B)
B CAUSE OF DEATH (Enter only one cause per Ine of (a), (b), gold (c)	THE DESCRIPTION 196 CONDITION FOR WHICH OPERATION WESTERFORMED 200 AUTOPSY? 200 LE YES, WERE FINDINGS CORS DERED IN CERTIFYING CAUSES OF DEATH 190 DATE of		Vicate	hysicie n pec val, ar	160		or dates of service) 226-26-7	955A Mys. Bessie	Brown Port	Deposit, Md.
IMMEDIATE CAUSE (c) DUE TO OR AS A CONSEQUENCE OF CONTRIBUTION OF AS A CON	THE DESCRIPTION 196 CONDITION FOR WHICH OPERATION WESTERFORMED 200 AUTOPSY? 200 LE YES, WERE FINDINGS CORS DERED IN CERTIFYING CAUSES OF DEATH 190 DATE of		P. Ce	emo emo		18 CAUSE OF DEATH (Enter only	one cause per line (a), (b), and (a	11 a A Ca	- 0 1	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
DUE TO OR AS A CONSCIENCE CONDUCTOR OF CONTROLLING AS A CONSCIENCE OF CONTROLLING AS A CONTROLLING AS A CONSCIENCE OF CONTROLLING AS A	19a_DATE OF OPERATION 19b_CONDITION FOR WHICH OPERATION WAS SPEED MED 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 21c_AUST DIAL DAY TO THE COUNTY OF THE COLOR STOP IN THE COLOR STO		deat	anit and		TAIGEMMI	E CAUSE (a)	androtale	al Musoca	deal 5 day
This to immediate couse (a). The total mediate couse (a). This to immediate couse (a). This t	19a_DATE OF OPERATION 19b_CONDITION FOR WHICH OPERATION WAS SPEED MED 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 21c_AUST DIAL DAY TO THE COUNTY OF THE COLOR STOP IN THE COLOR STO		the	ne at t per ation		Canditions, if any, which gave)	DUE TO OR AS A CONSEQUENCE O	= Cardia	· De Comberso	1.
PART 2. OTHER SIGNIFICANS CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. DA	19a_DATE OF OPERATION 19b_CONDITION FOR WHICH OPERATION WAS SPEED MED 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 21c_AUST DIAL DAY TO THE COUNTY OF THE COLOR STOP IN THE COLOR STO		that	by #		rise la immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF			
PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WESPERFORMED PART 2. OTHER SIGNIFICANT CONDITION COURSED PART 2. OTHER SIGNIFICANT COURSE OF THE METAL CONDITION COURSE OF THE METAL COURSE OF THE M	19a_DATE OF OPERATION 19b_CONDITION FOR WHICH OPERATION WAS SPEED MED 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 21c_AUST DIAL DAY TO THE COUNTY OF THE COLOR STOP IN THE COLOR STO	0	res	ial-ti		last	(c) H.S	. C.V. D.		?
19a Date of Operation 19b Condition for which operation wedperformed 20b autopsy? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings caused in Certifying causes of Death? 20b if yes, were findings considered in Certifying causes of Death? 20b if yes, were findings caused in Certifying causes of Death? 20b	19a_DATE OF OPERATION 19b_CONDITION FOR WHICH OPERATION WAS SPEED MED 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 20b_IF YES, WERE FINDINGS COKS DERED IN CERTIFYING CAUSES OF DEATH? 21c_AUST DIAL DAY TO THE COUNTY OF THE COLOR STOP IN THE COLOR STO	0	requ	Sign bur		PART 2. OTHER SIGNIFICANT COND	THOMS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	ORCONDITION GIVEN IN PART 1(a)	0.1
THE CONTROLLING CAUSE OF DEATH? A CAUSE OF DEATH? The Controlling Cause of Death C	VR ALST 24 ALMORAT DIRECTOR ADDRESS 250 REGISTRAR SIGNATURE	1	¥ĕ	beer the ar to	NO.	190, DATE OF OPERATION 119b (ONDITION FOR WHICH OPERATION WASP	FREDRIED 200 AUTOPSYS	20h IE VES WEDE FINDINGS	CONS DEBED IN CERTIFYING
THE OF LOCATION Street or R.F.D. No City or Town (County State of Hour and	VR ALST 24 ALMORAT DIRECTOR ADDRESS 250 REGISTRAR SIGNATURE	1/	The after	has se a h pri	TFICA				CALIFEE OF DEATHS	CONSTRUCTION CONTRIBUTION
THE CONTRIBUTING LAWS OF DIANK HOUR AM Month Day Fear 19 19 19 19 19 19 19 1	VR ALST 24 ALMORAT DIRECTOR ADDRESS 250 REGISTRAR SIGNATURE		ż ö	ate at a				21c. HOW INJURY OCCURRED (E		, Item 18)
21d. INJURY OCCURRED While at work and state of injury (Ai Home Fakem, Street Factory) 21f LOCATION Street at R.F.D. No City or Town County State at work and work at work at work at work at the deceased from the causes stated above, (I) (this haspital) attended the deceased from the causes stated above, (I) (we) (did) (did not) view the body after death. 22d. Intertify that (I) (this haspital) attended the deceased from the causes stated above, (I) (we) (did) (did not) view the body after death. 22d. Signature 22d. Date 5 GMED 22d. Physicians NAME (Type) 22d. Date 5 GMED 22d.	VR ALST 24 ALMORAT DIRECTOR ADDRESS 250 REGISTRAR SIGNATURE		ICIA Bifa	15 2 2 13 5 7			r) P.M.	19	· · · · · · · · · · · · · · · · · · ·	
THE PRINCIPAL STAFF 22a. I certify that (I) (this haspital) attended the deceased from the causes stated abave, (I) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE 5 GMED 22c. DATE	VR ALST 24 ALMORAT DIRECTOR ADDRESS 250 REGISTRAR SIGNATURE		PHYS has	is ce nache	×	While an Nat while and	LACE OF INJURY (AT HOME FARM, STREET F	ACTORY) 216 LOCATION Street or R.F.D	No City or Town	County State
22d. I certify that (I) (this haspital) attended the deceased from 1967, 10 57,	VR ALSS AND PROTECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS SIGNATURE ADDRESS SIGNATURE ADDRESS 250 RECIPIED BY REGISTRAR SIGNATURE		- L	de de te		at work of work				
Causes stated abave, (I) [we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE 5 GNED 22d PHYSICIAN S NAME (Type) 23d BURIA. CREMATION, 23b DATE 23g BURIA. CREMATION, 23b DATE 23g BURIA. CREMATION, 23b DATE 23g LAME OF CREMETERY OR CREMATORY 23g DATE (County). (State)	VR ALSS AND PROTECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS SIGNATURE ADDRESS SIGNATURE ADDRESS 250 RECIPIED BY REGISTRAR SIGNATURE		NG A	Affe Affe Sta		22a. I certify that (I) (this saw the deceased al	haspital) attended the decear	sed from 5/2/, 19	opinion death of wired on the	9, that (I) (we) last
22b SIGNATURE 22b SIGNATURE 22c DATE 5 GNED 22c DATE 5	VR ALSS AND PROTECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS SIGNATURE ADDRESS SIGNATURE ADDRESS 250 RECIPIED BY REGISTRAR SIGNATURE		TEN	the the		causes stated above,	(I) (we) (did) (did not) view the	body after deoth.	opinyon acom accompa on the t	die ojid ilou dila ilom ile
22d PHYSICIAN'S NAME (Type) Faward C. Loo, M.D. 22e ADDRESS NAME (VR ALSS AND PROTECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS SIGNATURE ADDRESS SIGNATURE ADDRESS 250 RECIPIED BY REGISTRAR SIGNATURE		refe	William /		226 SIGNATURE	50 MOLI	ATTENDING M	MED STAFF	L. DATE S GIVED
NAME (Type) Faward C. LOO, M.D. Have accent (Ind.) 230 BURIA. CREMATION, 230 DATE 234 NAME OF CREMATORY 234-DICATION (C. Ty or Town) (County), (State)	VR ALSS AND PROTECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS SIGNATURE ADDRESS SIGNATURE ADDRESS 250 RECIPIED BY REGISTRAR SIGNATURE		\ V be		<	27d PHYSICIAN S	a gent in		DIRECTOR PHYS (1/28/197,
230 BURIA. CREMATION, 230 DATE 234 NAME OF CEMETERY OR CREMATORY 230 DATE (County). (State)	VR ALSS AND PROTECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS SIGNATURE ADDRESS SIGNATURE ADDRESS 250 RECIPIED BY REGISTRAR SIGNATURE		SPIT/	VERA			ward C. Lo	o, M.D. Ha	vreactorac	e, and.
- 2 - 清広	VR ALSS AND PROTECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS 24 PIDMENT DIRECTION ADDRESS SIGNATURE ADDRESS SIGNATURE ADDRESS 250 RECIPIED BY REGISTRAR SIGNATURE		HO dae	direct Shaul	23a	BURIA. (REMATION, 23b DA	31-69 236 NAME OF	m 1 1 1	23d OCATION (Cty or Town)	(County), (State)
ADDRESS 4 250 RECIDERY, REG STRAR 250 REGISTRARS SIGNATURED	VR AISTON - VI AIS		2	20	724		ADDRES ADDRES		DRY REG STRAR _ TSb REGISTRAR	
VR AISTAN - VI AISTAN - 1989 GLOSPER VILLE					Z	mm 6.7/19	Ifullan Kising		UN 2 1989 7000	crotes Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06943 06940 CERTIFICATE OF DEATH 2b. HOUR A 2a. DATE OF DEATH DECEASED-NAME First Middle Last death. Ve carban papers. Pages Tand 2 event, within 72 hours after death campletely filled in by the tuneral (Type or print) Month GEORGE EMIL HECKNER, SR. Ll:00M 3 SEX ofter 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF JINDER 24 HRS iost, bythday) HOURS Male White Oct. 20. 1889 be executed within 24 hours 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED Md. Harford WIDOWED 3 DIVORCED [7] USA IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 15 Mountain Road building during most of working ite, even if retired.)
Contractor attending physician was remove carban narmit. Then please remove carban with Fallston 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LAM TS? 13e, STREET AND NUMBER 13b. COUNTY YES 🗔 NO 5 15 Mountain Road Fallston Harford 14. FATHER S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Lost l g Frederick Heckner Elizabeth Leurs requires that the death certificate 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Fallston, Md. Yes, n.a. ar unknown) (If yes give war or dates of service) 218-14-8584 burial, crematian, ar remaval, Mary Catherine Heckner, 15 Mountain Road CAUSE OF DEATH (Enter only one cause per fine for (o), (b), and (c))
PART I. DEATH WAS CAUSED 8Y: signed by the attendir burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ! ovascular Dis 10 year rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 190. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO TX 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 218 LOCATION Street or R.F.D. No. Stole City or Tawn County While Not while at wark ^L ot work 22a. I certify that (I) (this inospital) attended the deceased from _______, 19 45. to _______, 19 27. that (I) (we) lost saw the deceased alive an _______, 19 27. and that in (my) (out) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death. 225 SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF May 22, 1969 DEGREE 22e ADDRESS 22d. PHYSICIAN S Charles Richardson, Jr. NAME (Type) Bel Air, Maryland 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) May 26, 1969 Md. Bradshaw 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Menter Judge DATMAY 26 1969 30M RE Howard K. McComas & Son, Abingdon, Md.



+	1	06944	DIVISION OF Y			EPARIMENT		TH E, Maryland 2	1201		
1 -10	I	tem6 FilmG412 5/	/9/69 kk			TE OF DE		L, MAKILAND Z	1201	0694	-1
deoth.		Type or print) Willia:	m	Mrddle A	He	losi s ter	20	DATE OF DEATH 5 Month	1 Doy	69 Year	26 HOUR 0045a
offer and the second se	3. 5	Male	4 RACE Caucas	ion		DATE OF BIRTH	L920	6. AGE (In) lost patho	reors		IF UNDER 24 HRS HOURS MUN
4 hour 72 hour 72 hour	(01	Worth Carolina	United		MARRIED WIDOWED	NEVER MARRIED DIVORCED		INTY OF DEATH			Md
ate be executed within 24 hours after deoth con and completely filled in british not bease remays carbon pallers one in an only event, within 72 hour after deoth	- 1	CITY OR TOWN OF DEATH Aberdeen	g'US	ME OF HOSPITAL OR IN	y Hospi	tal	MOUEL of	UPATION (Kind of wo	rk done retired)	126 KIND OF BI INDUSTRY MO	JSINESS OR bel
executed within the completely for emave carbon only event, with	13o odn	USUAL RESIDENCE (Where deceosed ission) STATE Maryland	lived f nstitution 13b COUNTY	n Residence before arford	13c. City or to Aberde		NSIDE C TY LIMITS?	13e. STREET AND NU. Tuckaway			
12 2 2 5	14	FATHERS NAME First Wiley	Middle	Hest er		NOTHER'S MAIDEN	NAME First Clara	3.	Widdle Hil	ton	tost
physicion en pleasi	160	WAS DECEASED EVER IN U.S. ARME	or dortes of segree)	166, SOCIAL SECURITY 2/44-12-7/	138 He:	ormant Len J He	ester,Tu	ackaway Mo	tel,	744 Phi	la Rd.
e death ce attending permit. Th		18 CAUSE OF DEATH (Enter only PART 1 DEATH WAS CAUSED 1MMEDIATI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse	E CAUSE (o) M DUE TO, OR AS	e for (o), (b) ond (c) yocardial A CONSEQUENCE OF)					APPROX MA	TE INTERVAL ET AND DEATH
The low requires that the ottending physician. has been signed by the se as the burial-transit pth prior to burial, cremating	CERTIFICATION	PART 2 OTHER SIGNIFICANT COND		ING TO DEATH BUT N		HE TERMINAL DISE		20b. IF YES, WERE FI		ONSIDERED IN CER	TIFYING
ICIAN: The putal or otte rrificate hos d for use a of Health pr	MEDICAL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ORATH (If either, notify medical exormine)	21b TIME OF HOUR A.M P.M.	Month Day Year	21c HOW	YES TOURNE	NO CAL	CAUSES OF DEATH?	r Port 2, I	tem 18}	
Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR. After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Health	ME	at work ot work		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC				City or Town	10	County	State
TTENDIN aned by OR: Afte ould be		22a I certify that (I) (this saw the deceased a nacauses stated above,	haspital) after /e on (I) (we)(did)(d	aid nat) view the	ed tram 19, and t body ofter de	hat in (my) (a ath.	_ , 19 , opinian c	teoth occurred or	, 19_ 1 the do	te ond hour as	l) (we) last ad from the
L OR ATTENI be reformed DIRECTOR: A ge 3 should lied with the		226 SIGNATURE Core	Celvan	- grx1	MCDEGREE		MED DIRECTOR	STAFF PHYS		May 1, 1	.969
ro Hospital. Page 4 may ro Funeral I director, pag should be fil	225	22d PHYSICIAN S NAME (Type) Samuel BURIA, (REMATION 23b DA			CEMETERY OR CR			Hospital,			(5,-,-)
70 H Page 70 Fi dire	1	REMOVA Spectal Durial M	ay 3,196	9 Rosela	wn Ceme	tery	I	Decatur, (Morg		
VR A15 14 45M 1 69	1	Istalu Wacoulu	u ds.	arrin ^{MDD} RY Aberdeen,	Md. 21	ooi D	REC'D BY RIG	1969		AGNATURE	ia .



-				AD STATE DEPARTMENT OF F		
		06945	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTI	IMORE, MARTLAND 21201	
		กกษัฐย		CERTIFICATE OF DEATH		06942
4 24		CEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
\$ 70 E	(1	ype or print)	a L.	Markeyer	Month Day	
7 B20	3. 58		4 RACE	3. DATE OF BIRTH		- 1969 317 M
\$ \## 1		7 1	TRACE I'M		6. AGF (In years lost bythday)	MONTHS DAYS HOURS MAN
S S S	C	nemale	where	11-12-1		67
hauri in by irs. P		SIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	,
	COU	raryland	74.5.A.	WIDOWED DIVORCED	Harlord	> Md.
ecuted within 24 campletely filled ave carban pape y event, w.thin 7.	10. (ITY OR JOWN OF DEATH	11. NAME OF HOSPITAL OR II	ISTITUTION (If not in hospital 12a USUA	AL OCCUPATION (K pa of work done	126 KIND OF BUSINESS OR
重 电镀 🗥	11	1. 1. 1. 1.	give street address fitting	ens Kurzing Horal during my	ost of working life, even if retired.)	INDUSTRY // S. A.
w fad v	132	Well de Brace	May Havre de Gras	e mai	Lousewife)	4.2.11
pa ed co		usual KisiDinus (where decede	sed lived, if institution Residence before	1 d A A VECTTI ATLA		1 4 1 4
cut and and and and and and and and and and		ma.	Harford	Hauredelliacy, YES IN	- Kt.#2 Da	43/7
A D W	14. 1	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F	irst Middle	last
		SUMMED	FIELD NIGHON TO	MARTHA'		JONES
physican nen please aval, and i	16a	WAS DECEASED EVER IN U.S. ARI			Address	PD#2 408 317
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Y	es, no, or unknown) (If yes give	var or dates of service!	1 4.		PACE MO21078
n h d u o o o o	⊨		77-18-18	MOBLE II. HOL	MANATERLY	APPROX MATE INTERVAL
5 5± E		1B CAUSE OF DEATH (Enter or	y ane cause per line (ar (a), (b), and (a	HA AH	1 1	BETWEEN ONSET AND DEATH
he death ce attending p permit. The		PART I. DEATH WAS CAUSE	ATE CAUSE (0) CANGOS	till wear	Harrie	2405
de de n', c		4124	DUE TO, OR AS A CONSEQUENCE O		V	
if the cast point of the cast	1	Conditions, if any, which gave	1 4	-S C. U D	*	10 YR
to . Fising	1	rise to immediate cause (a),	(b)			
tra ce		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O			
quires th physician signed by burial-tra		lost.	(c)			
ATENDING PHYSICIAN: The law requires that the death certificate be exertained by the haspital or attending physician. GTOR: After this certificate has been signed by the attending physican and a should be detached far use as the burial-transit permit. Then please remain the State Dept. at Health prior to burial, cremation, ar remayal, and in any		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
ng en ta	227		Senil	ite. Ceroli	ral Throm	trases
ndi be s th	18	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F	ERFORMED 200 AUTOPSY?	20b ₩ YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
ope as the	15			VES NO	CAUSES OF DEATH?	
IDING PHYSICIAN: The law red by the haspital or attending After this certificate has been a be detached far use as the state Dept. af Health prior ta	CERTIFICATION	210 ACCIDENT WAS UNDERLY!	NG 216, TIME OF INJURY		r noture of injury in Port 1 or Port 2,	Item 18)
al call far He		OR CONTRIBUTING CAUSE OF DEA			thorne of injury of tor tor tor. 2,	Helli 10.)
of a figure of the second of t	MEDICAL	(If either, notify medical exami	ner) P.M.	19		
A Se	×	21d INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D No.	City or Town	Caunty State
Petricial Personal Pe		at wark at wark	,	0 1 (1)	10 01	10
NG Fer rate	1		is hospital) attended the decea	sed from CALL 19.0	5.1, to 19 19	O 7, that (I) (we) lost
A Part A		sow the deceased of	live on 5-1	19 6 Gond that in (my) (our) opi	nion deoth occurred on the do	ote and hour and from the
a Se		couses stoted obov	e, (I) (we) (did) (did not) view the	body ofter death.	U	
A 記号は有		22b SIGNATURY		4775110100 / 4		DATE SIGNED
OR ATTENDIN be retained by DIRECTOR: After je 3 should be led with the Stat		tolar	(x) tun	DEGREE PHYS.	TED. IRECTOR	5/20/69
	L	22d PHYSICIAN'S	61.1	22e ADDRESS / A	110 07 / 1	20-11
RA Be		NAME (Type)	IN Q YUM) 11/4	NE DE-GK	ACE Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar ta	00	PUD 41 (PETATIO) 22	DATE CO. NAME OF	CONTENT OF COLUMNOON	Total Incation (Cause Text)	Marchal (State)
E Sage	230	BUR AL, CREMATION, 23b		CEMETERY OR CREMATORY	23d LOCATION (City of Town)	(Caunty) (State)
5- 5- 5- V	1		AY21,1969 , 1700	H KUN CEM,	TYAR FORD	
VR AT SUNCE	24	PUNERAL PIRECTOR -	ADDRES	//		
30M REV G	Y	Madelining	LEAUX HALVER	uce Illa DAMAY	2 2 1969 Jillian	en judge



	06946				CATE OF D	EATH		(06943	
	DECEASED-NAME First (Type or print) Albert		Middle M		Lost Ireland	20	. DATE OF D		Y 69 Year	OL120am
3	SEX	4. RACE			S DATE OF BIRT	H		6 AGE (In years	IF LINDER 1 YEAR	IE UNDER 24 HRS
	Male	Cauca	sion		30 Aug	ust 196		ost bythdoy)	MONTHS DAYS	HOLRS MIN
7a.	BIRTHPLACE (State or foreign		WHAT COUNTRY?	8. MARRIED	NEVER MARR		OUNTY OF D			
(0)	untry) Maryland		States	WIDOWED	DIVORCE	ED 🗍	Harf			Md
10.	CITY OR TOWN OF DEATH	34	NAME OF HOSPITAL OR INS Street address) Army	y Hosp	ital			Kind of work done fe, even if retired)	12b, KIND OF I INDUSTRY	JSINESS OR
13c odr	USUAL RESIDENCE (Where deceosmission) STATE Maryland	ed ived, if instit 13b. COUNTY	ution: Residence before Harford	13c OTY O		TES NO NO		1 Box 1X	372-A	
	FATHER'S NAME First	Middle	Lost	1	S MOTHER'S MAIL	DEN NAME First		Middle		Lost
L	Marcus	M	Ireland			losemari	e	Evelyn	Cour	28
16		NED FORCES? rar or dates of service)	16b SOCIAL SECURITY I		INFORMANT	-	3	Address		24.2
-	NO		N/A_		arcus M	Irelan	d, RD	T . Y	berdeen	Md.
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one couse per	ne for (a), (b), and (c))					BETWEEN OF	SET AND OFATH
	MMEDI/	ALE CAUSE (o)	al dido All	est						
	Conditions, if any, which gave)		as a consequence of Bizarre acu	te ill	nace				5 Da	T/C
	rise to immediate cause (a),	(b) DUE TO OR	AS A CONSEQUENCE OF	Hi	stology	revea"	ed a	ricketts		ij o
L	stoting the underlying couse lost		disease, r							ver.
ı	PART 2 OTHER SIGNIFICANT COI									
2		•								
CERTIFICATION	190. DATE OF OPERATION 19b.		HICH OPERATION WAS PE	RFORMED	20o. AUTOPS	Y?		'ES, WERE FINDINGS (OF DEATH?	ONSIDERED IN CE	RTIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A M	. Month Doy Year	,			ire of injury	in Port 1 or Port 2,	Item 18)	
1 50	While Not while	PLACE OF INJURY	OFFICE BUILDING, ETC				Í	r Town	County	Stote
	2.0	s hospital) of	tended the decease	d from_2	d that in (my)	(our) opinion	, to	may 19	to and hour	(I) (we) last
	22a, I certify that (I) (the saw the deceased a causes stated above	, (I) (we) (did) (did nat) view the	body after	death (1117)	(our) opinion	acom ac	corred off file 00	ile alla Bool C	nia irumi mie
	22b SIGNATURE	, (1/	leele.	DEG	REE PHYS	MEĐ DIRECT		STAFF PHYS 22c	DATE SIGNED	
	NAME (Type) Richa	rd He				k Army		tal, Aber		
L		oate Tay 1969		CEMETERY OR d Memo	rial Gar			(City or Town) een (Har	ford) M	(Stote) aryland
24	FUNERAL DIRECTOR		ADDRESS			So. REC D BY REC	ISTRAR 1969	25b PEGISTRAR S	FIGNATURE .	A.
	Tarring Funeral	L Home,	Aberdeen,	Md. 21	.UOI L	MAAY	1200	1 1	-00	



	1		MARYLAND STATE DEPARTMENT OF HEALTH	
	FOR STATE		06947 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06944
ш	EALTH DEPT.	1.0	ECEASED-NAME First Middle Last 2a DATE KNOWN Month	
ព	EALTH DEFT.		Type or Print) OF ESTI-	19 19 I
	E 3	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (1) AG	- 12+ UO C
147	and		Aug. 24, 1951 Types Months Days Hours Min Month Day Day	7 Year 69 134
	7	70	BIRTHPLACE (Stote or foreign 7b CIT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	1 t = 1	(G)	TITY CAT LIGHT DIVORCED DIVORCED HARFORD	M
7	Pages Inth Torr	10. (THE OR TOTAL OF TOTAL OF THE THE OF T	126 KIND OF BUSINESS OR
***	9 2 4 11	H	JUTCLE GYOCE give street address) 2 - 307-d Mean during most atyorking ite over if thired)	Student
3	and in them 18. Giriner's Office along pages 1 and 2 with hougs offer, death	130	USUAL RES DENCE (Where deceosed I ved, f Institution Residence before 13c (ITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STORET AND NUMBER dmiss on) STATE 13b (FOUNTY C 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	י על כ
	118 ce o	<u> </u>	1613701116-1-1000	71
	office olon office olon office, death	14.1	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last C
č	ncol in niner's pages hougs	160	WAS DECEASED EVER NUS ARMED FORCES? 166. SOCIAL SEC. R. TYNO 17. INFORMANT ADDRESS	Evans
-	pencil pencil xomine ile pag		(es, no, or inknown) (It yes give wer or doings al service) Unknown Many To Kneuken Penningille	Ar.J
	Exon File 72	F	IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	De executed "pending" in nief Medical E unsit permit. F event within		PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
	Med medin		DUE TO, OR AS A CONSEQUENCE OF	
	"pe lief lief lief ever		Conditions, if ony, which gave)	
3	ony		rise to immediate cause (a). { Stating the underlying cause { DUE TO, OR AS A CONSEQUENCE OF	
* 7	snoud be no word "per to the Chief in burial-transit		last. (c)	
1	instances should be executed within 24 ficate, writing the word "pending" in pencil in be forwarded to the Chief Medical Exominer's dibe used as a burial-transit permit. File pages or removal, and in any event within 72 hougs		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
0	writing th writing th rwarded t rsed as o novol, ond	8		
	writh orwar used movo	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	e certificate, should be for files 3 should be to a should be to a should be to a should be to the files	ERTIE	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, li	YES NO Z
			PRIMARY OR CONTRIBLTING HOURAM SIG 19 1	en ID.)
Ē	the certifies the certifies our files ge 3 should remotion,	MEDICAL	21d INJURY OCCURRED 121s PLACE OF INJURY (At home form street 21f OCATION Street or RED No. (by or Town	County State
			WHILE INFORMATION FACTORY, Office building, etc.) + 40 × M/ 18++7 A be y d va	w Ha Md
ì	ecute Poge or you R: Pag		220 1 certify that I took charge of the remains described above, held on Autopsy , Inspection inquiry	ond in my opinior
į	tor. Poged for CTOR: Purnal,		death resulted from. Natural causes , Accident . Suicide , Hamicide , Ungetermined manner	
	please directe retaine. DIREC		CHIEF MEDICAL EXAMINER	
Y	ry, please eral direct be retain RAL DIRE		SIGNATURE LEVALUE P COLONIA MEDICAL EXAMINER 226 DATE	SIGNED (7 69
i	cessary e funer moy be FUNER olth p		EXAMINER'S DEPUTY MEDICAL EXAMINER	, -1 /-0 /
		-	NAME (Type) Gerald C. Palmer, M.D. ADDRESS(Street, city, tawn, or county) Bel Air	
	5 E = ~ 6 E	230	BURIAL (REMATION, REMOVAL (Specify) Durial 23b. Date 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) Colorer Colorer Colorer Colorer Colorer	(County) (State)
	ali	24	FUNERA D RECORD STORY STORY STORY STORY REGISTRAR 225 RECORD REGISTRAR 225 REGISTRAR 2	SIGNATURE Md
	VR A15ME BON	1	181 (1/201 121 470).	a June
	10M REV 148		100 100 100 100 100 100 100 100 100 100	V

.

ā	1	1 1		MAKYLAND STATE DEPAKTMENT OF HEALTH	
U)				06948 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	6945
	FOR STA			CEMAN FILL SHIP OF MEDICAL EXAMINATE S CEVILLICATE OF DEATH	0010
		EPI.X		CCEASED NAME First Middle Last 20 DATE KNOWN Manth (ype or Print)	Day Year 2b HOUR
	to to ige	d AA		DNV 71 LANGAON DEATH MATED [] NI	19 M
	elay d 3		3 SI	and lost bights of MONTHS DAYS HOURS M.N. Manual And Days	2d HOUR
	any delay is 2, and 3 to PM3. Page	Ę Y		N 8-23-1893 716/485	> 1801 19 7 M
	- Z	dec	coun	RIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	es l forr	ф ф		maria d	Md
	Pag nth	S 03	10 0		126 KIND OF BUSINESS OR INDUSTRY
	_	٦/ ۽	71	or will have to be a property of the property	Peace CR.
	affe Solon Solon	with death		JSUAL RES DENCE (Where decaded I ved it institution Residence before 13c CITY OR TOWN 3d INSDECTIVE IN JSS 136 STREET AND NUMBER	t. Chan
	1 18 1 18 (e o	2 4271	_	That I will will all all	rece Cle
	This certificate should be executed within 24 hours after death itiote, writing the word "pending" in pencil in Item 18. Give Pages 1, be forworded to the Chief Medica, Examiner's Office olong with form	pages I and 2 with the State Department hours offer death	14 8	ATHERS NAME First Middle Consolin 15 MOTHERS MAIDEN NAME First Middle Villiam 2	Miller
	n 24 il in ner's	hours	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	1 2
			(Y	es, no ar unknown) (Hyes give war or dates of service) 717-67-6117 Mrs. Johanne Kuelikh 502	& Ellevorallex
	P = X			18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c))	APPROX MATE INTERVA, BETWEEN ONSET AND CEATH
	# 843 E	E/=		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) FYACTUS- & SRU!	
	pending of Medic			7 9 DUE TO, OR AS A CONSEQUENCE OF	
	be ip	anst eve		Conditions, if any, which gave nest to immediate cause (a), (b)	
	ord ord e C	ony		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	sho e w o th	II II		(c)	
	AL EXAMINER: This certificate should be execute execute the certificate, writing the word "pending or. Page 4 should be forworded to the Chief Medical or your files	The state of the s		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	ritin	od o	NOI	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	e, w forv	oma ~	CERTIFICATION	WAS PERFORMED?	YES NO
	Thir	l be	EE	2 a EXTERNAL CAUSE WAS 216 TIME OF INJURY Menth, Day Yegr 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, te	
	ertifica	oulo	MEDICAL	PRIMARY TO OR CONTRIBUTING U 4 HOUR AM 3 -25 169 Auto Accedent	
	INER e cer shoul files	3 sh iotic	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At name, form, street, 21f, OCATION Street or R.F.D. No	County State
	JTY CALL EXAMINER: Try, please execute the cert eral director. Page 4 should be retained for your files	FUNERAL DIRECTOR: Page 3 should be used as eath prior to burial, cremotion, or removal, a		WHILE DAT WHILE AT WORK AT WOR	42 - Md
	LECU Gecu Pag For	JR: P		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspect an 🔀, Inquiry 📝	and in my apintan
	bleose ex director.	D. D		death resulted from Natural causes, Accident, Suicide, Ham'cide, Undetermined menner	
	pleose I directo	DIR to		CHIEF MEDICAL EXAMINER BOLLA	- (5-, Nd.
_	rol o	AL Drio		ACTUAL SIGNATURE ASS STANT MEDICAL EXAMINER 226 DATE	GIGNED C
	PUT Son Unie	ER ()		EXAMINER'S DEPUTY MEDICAL EXAMINER X 3 - 26	7-6
	TO DEPUTY necessory, I the funeral S may be r	Ed t		NAME (Type) Gerald C. Palmer, M.D. ADDRESS(Street city town or county)	
	5 g f 2	5 ±	230	BURIAL (REMATION, 23D DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (CITY OF TOWN) REMOVAL (Specify) 3-31-69 The Course 25d LOCATION (CITY OF TOWN)	(Caunty) (State)
			24	FUNERAL DIRECTOR 2/01 ADDRESS / 250 REC D BY REGISTRAR 256 REGISTRARS S	IGNAT 195
	VR A1	SME (4)	17	Gena A Hoffmann 3218 Hudan Jana MAY 29 1969 Clien	la muer
	10M R	EV 1/68	Κ./	DAIL OF THE PARTY	1



-	lems 13% 12a Fi 10-69 ams 069	149			TON STREET, BAL E OF DEATH	IIMURE, M	AKYLAND 2120)1	069	46
	DECEASED NAME FIRST		M ddie	KIIIICAI	Last	2a. DATE	OF DEATH			2b. HOUR
	(Type or pnnt)	-14		1	W.		Month	Day 22	1DBY	2210 M
3. 5	EX	4 RACE		1 -	DATE OF BIRTH		6. AGE (In years	IF UNDER		UNDER 24 HRS
-	TEMALE		W.		23 JAN	16		YRS	G. 1.7.	MIM
/a 59	BIRTHPLACE (State or foreign notry)	76 CITIZEN OF WHAT		MARRIED 🔀 N	NEVER MARRIED	9. COUNTY				
	CITY OR TOWN OF DEATH	11, NAME	OF HOSPITAL OR INSTIT			UAL OCCUPATION	ON (Kind of work d	one 12h	KIND OF BU	Md SINIES OR
	BERDEEN PROV	Ge give tree	SLIPE A	emy L	JOSP during r	nost/af warkii	ng life, even if retiri	ed) INDU	ISTRY AL	A.
13o odn	USUAL RESIDENCE (Where decear	ed lived, finst tution 13b COUNTYHar	Residence before	CITY OR TOW	VN 13d JASIDE CTY	LIM TS? 13e.	STREET AND NUMBER	R		
14	Maryland FATHERS NAME First	Middle Middle	· lost	ber. Pr	OV . GOL !	XIX OF	Quarters			
149.		Middle		D) 15 MO		eodora	Middle	le		Last
160	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO.	17. INFOR		codora	Day III Addres	\$\$		
	Yes, no. of sigknawn) (It yes give a	var ar dates of service)		1	USEAND.	Abero	leen Prov	ing Gr	ound.	Md.
	18 CAUSE OF DEATH (Enter an	ly ane cause per me fo	or (a) (b) and (c))						APPROXIMATE	E INTERVAL T AND DEATH
	PART I DEATH WAS CAUSE	ATE CAUSE (a)	XXXXX	/Peyldy.	dg Arrhyth	mia, h	neart	I	nьta	nt
	H2/1	DUE TO, OR AS A							11	
Н	Canditions, if any, which gave rise to immediate cause (a), ((b)		trical	imbalanc	е				
	stating the underlying couse(DUE TO, OR AS A	CONSEQUENCE OF							
	PART 2. OTHER SIGNIFICANT COL		TO DEATH BUT NOT	RELATED TO THE	TERMINAL DISEASE OR	CONDITION GI	VEN IN PART 1(o)		·	
NO										
	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PERFO	RMED	20a. AUTOPSY?	CALI	IF YES, WERE FINDINGES OF DEATH?	IGS CONSIDER	ED IN CERT	IFYING
CERTIFICAT	21a. ACCIDENT WAS UNDERLYIN	IG 1215 TIME OF IN	1DV	217 HUM II	YES NO [et 0 January 10 1		
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M M	anth Day Year	ZIV. HOW II	MONE OCCURRED (EUI	et HOLDER DA IN	TOTAL IN PORT I OF POI	11 Z, Hem 18)		
MED	(If either, natify medical exami 21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT P.	19 IOME, FARM, STREET, FACTOR	Y) 21f. LOCATIO	ON Street or R.F.D. N	o ()	ty or Town	Count	у	State
	While Not while at work at work	COH	CE BUILDING, ETC.				and the second			
	22a I certify that (I) (th		ed the deceased	from	, 19_		1.111-1	19 62 9	, that () (we) lost
	sow the deceased a	live on	not view the bo	and the	of in (my) (our) or	inion death	occurred on the	e dote md	hour or	d from the
	226 SIGNATURE	-/ 10	1011111			MCD.	53155 L	22: DATE SIG	NED /	10
	X. Will a	ALL H	[[[[]]]	DEGREE	PHYS L	MED DIRECTOR	STAFF PHYS.	274	1/1/14	164
Y	22d PHYSICIAN S NAME (Type)	CO Ta	1125	4/30	22e ADDRESS	W. A	1.4.			
230	BURIA, CREMATION, 236	DATE	23c. NAME OF CEN	SETERN UP COTH	AATODY	1234 1004	TION (City or Town)	(Caun	5.0	(State)
230	DEMOVA (Specific)	May 1969		emetery			deen Pro	,	- 1	(State)
24	FUNERAL DIRECTOR	Tarrin	g Fundival	Home	2So. REC D	RY REGISTRAR	25b REGISTE	LAR 5 SIGNATU	RE	
H	state wacarely	A. Aberd	een. Md.	21001	DAMAY	2 / 18	369 Jan	ancho!	Jacob .	6.0



	, 		MARYLAND STATE DEPARTMENT OF HEALTH	
-/	- EV		06950 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLANI	0 21201
a the same		'	CERTIFICATE OF DEATH	06947
	4 24	I D	ECEASED NAME / First / Middle / Lost 20, DATE OF DEATH	2b HOUR
	er deoth funeral i 1 and 2 ter death	(ype or print) All mentle car y	nth Doy, Yeor 9
	P 200	3 S	X 4 RACE 5. DATE OF BIRTH 6 AGE	9 9 1
	offe after after		1 J. ONIL OF BIKIT //	
	Py the surs			YRS MONTHS DAYS HOURS MIN
4	hours after of hours	7/0 COU	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	- /
	in 24 ho iilled in popers hin 72 h	L	MANY ANCILLAR WIDOWED DIVORCED TO THE	Prord. Md
	ii 를 Sife V	1D, 1	TY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of	
	executed within 24 hours after deoth accompletely filled in by the funeral emove carban popers, pages 1 and any event, within 77 hours after death	1/1	Tyre de-Grace give street address) Alemorial Hospital during most of working life, ever	n if retired) INDUSTRY
	d valet	13a	US_AL RES DENCE (Where deceased lived, it institution, Residence before 13c CITY OR TOWN # 13d inside CITY LIMITS? 13e TREFT AND	NUMBER 73/20061,575
	oring ve eve	odm	SSON) STATE Md. 136 COUNTY HAR FOR A. HAVER-ANTHORY YES NO CHAMMENT	nepre 1611 bales het
	X O N	,4	ATHER'S NAME First Middle Lost US. MOTHER'S MAIDEN NAME First	Middle Loss
	be ey and in an an an		William Stimax Deubah	0100
	282	150	WAS DECEASED EVER IN U.S. ARMED FORCES? 1166-SOCIAL SECURITY NO 17 INFORMANT	Address
	physical physical en pleo oval, ar		es, no, oj uriknjown) I sves give war or dotes at service) // 27/ P	X Co- Mid
	ertí ph lovo	H	100 LATENOWN TAKINUS F. KILLEY , TAUR	MUROXIMATE INDERVAL
	in di		18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY	BETWEEN ON IT AND DEATH
	attending p	l	IMMEDIATE CAUSE (0) Gronan leronbean	c I thour
	att att on,		DUE TO, OR AS A CONSEQUENCE OF CO FOR DO FEBRUARIO	X
	the sit graph		Conditions, if any, which gove rise to immediate cause (a)	7
	tha on. by ran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
~	es sicio		lost, (c)	
	N: The law requires that the or ottending physicion. The has been signed by the cuse os the buriol-transit postith prior to burial, cremating		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	[](a)
3	ng le		and the same of th	17
1	ndii bee ior	100	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 2Db. 1F YES, WER	RE FINDINGS CONSIDERED IN CERTIFYING
As	he or	CERTIFICATION	YES NO CAUSES OF DEAT	
	or of the heart of	CERT	210 ACC DENT WAS UNDERLYING 216 TIME OF INJURY 23c. HOW INJURY OCCURRED (Enter noture of injury in Port	1 no Dout 2 Hours 183
	IAN fica for for He	룡	OR CONTRIBUTING CAUSE DEDENTH HOUR AM. Month Doy Year	T of Port 2, Herri 16 ;
	SIC spirits erts col	MED	(If either, not fy medical examiner) PM 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. (1tv of Town	
	ho ho		While Not white T	County State
	the Contract of the Contract o		at work of work	
	by be Sta		22a. I certify that (!) (this haspital) attended the deceased from 5-21, 1964, to 5-21 saw the deceased alive an 5-21 A 1961, and that in (my) (aur) apinian death accurred	, 19 <u>69</u> , that (I) (we) ast
	R: A		causes stated above, (1) (we) (did) (did nat) view the bady after death	I an the date and have and from the
4	# # # # # # # # # # # # # # # # # # #		22b SIGNATURE 22h SIGNATURE 22	L and a large recourse
	REG 3 3 3 3 3 4 W		ATTENDING MED STAFF	22c DATE SIGNED
		4	22d PHYS CIAN S 22e ADDRESS /	U (m/6).
	SPITAL OR ATTENDING PHYSICIAL 4 may be retained by the hospital VERAL DIRECTOR: After this certificator, page 3 should be detached foliabe filed with the State Dept. of H		NAME (Type) Foliable O A A A LEE ADDRESS HOLLOW	h Enger 1: 6
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 2 Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler director, page 3 should be detached for use os the burial-transit permit. Then please remove carban pageshould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	25	The transfer of the property and	a price and
	O HOO Poge / O FUN directs	230	BURAL CREMATION 230 DATE 230 NAME OF SEMETERY OF CREMATORY 230 LOCATION 1994 O	or Town((County) (Stote)
	5 5 %	4	Milled al Billet (Wellier Comeleson 1011 VIII)	osil feel Mid.
	VR A15 (4)	24	ADDRESS 250 REC D BY REG STRAR 256	REGISTRAR S-SIGNATURE
	45M - 1/69	-1	Il I afflow Non, ferrivally My- VDATEN 60 1953	1. 00



20 %	_	. MAKYLAND STATE DEPARTMENT OF HEALTH	
-		06951 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1.0
		CERTIFICATE OF DEATH 069	48
	E ATE	DECEASED NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
	4 1 3 4 4	(Type or print) Julia Rebeccia MARTIN MAY 17 1969	2 LACH
	5 543	SEX 4 RACE S DATE OF BIRTH 6 AGE AV YEARS IF UNDER YEAR	IF UNDER 24 HRS
	£ £ 5 5	Female, colored 3/26/19/0 lost mathematical vars	HOURS MIN
	1 45°0° / 5	BIRTHPLACE (State of Tareign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	24 heurs after death a job the family of the	ENTH CANSINAT USA WIDOWED DIVORCED HARFORD	Md
		CTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJA), OCCUPATION (Kind of work done 12b KIND O	F BUSINESS OR
	with rban , with ,	HURE de Grace HARTORD Men. Hosp (Manustrye) INDUSTRY	
	npie cal	USJA, RES DENCE (Where deceased lived, it institutes residence before 13c. CITY OR TOWN 15d Mister Link 157 13e STREET AND NUMBER 136. COUNTY 15d Mister 157 157 158 157 157 157 157 158 157 157 157 157 157 157 157 157 157 157	
	con con	THE CECH PON PROSITE - WATER TOOK 21	0
	and and ren		// Last
	te b	MMS Elhel Address Ad	41/
	that the death certificate be executed within an. by the attending physician and completely fill fransit permit. Then please remave carban particles or remaval, and in any event, within the manalian, ar remaval, and in any event.	Yes, na og inknown) (It ses give war or dates of service) Unknown Henry S. Martin Cort De Dos IV	Mol-
	rer The The	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	XIMATE INTERVAL ONSET AND DEATH
	eath andii nit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corelised Hoseverto 10.	TOTAL MINIT
	atte atte perr	400 X DUE TO, OR AS A CONSEQUENCE OF	
	th the the sist mate	Canditions, if any, which gave rise to immed at a cause (a). (b)	
-	the fan. by tran cres	stating the underlying cause OUE 10, OR AS A CONSEQUENCE OF	
1.7	luires hysici gned urioet urioet		
1	requence of physical signature of the physic	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
1	din din the	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN	CCATICVING
1,	The law attendir has been see as the prior of the prior o	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 1216 TIME OF INNERY 1217 HOW INNERY OCCURRED. (Enter policy of inner in page 1.55 per 2.75 per 2.7	CERTIFFING
	F g a se g		
	PHYSICIAN he haspital of his certificat etached for Dept. af Hec	OR CONTRIBUTING CAUSE OF ORATH (If either, nathly medical examiner) P.M. 21d INITIALY OF SPECIAL PLACE OF INITIALY CATHOME FARM SPECIAL PAGE 1 ACCOUNT A SPECIAL PAGE 1	
	hasp cer chec pt. c		State
	the this deta	at wark at wark .	
	by fter be Stat	22a. I certify that (I) (this hospital) ottended the deceased fram	t (1) (we) last
	OR ATTENDING be retained by it NRECTOR: After e 3 should be d ea with the State	saw the deceased alive an 37-17-19-27, and that in (my) (our) opinion death occurred on the dote and hour causes stated abave, (I) (we) (did) (did nat) view the body after death.	and from the
	ATI Page de	22b SIGNATURE 22b SIGNATURE	
	OR be r	DEGREE PHYS DIRECTOR	G
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed was perfectly and the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burio-transit permit. Then please remaye carb should be filed with the State Dept. at Health prior to burial, crematian, or remayal, and in any event.	122d PHYSICIAN'S NAME (Type) NAME (Type) NAME (Type)	
	e 4 UNE setar	a. BURNA, CREMATION 23b. DATE 235 NAME OF CEMETERY OR CREMATORY 236 TOSATION (County)	1 (5000)
	Pag Pag dire she	a. BURN., CREMATION 23b. DATE 23c. RAME OF CEMETERY OR) CREMATORY 23d TOWN (City of Town) (County)	MI
	DAY ETA SV	FJINERAL DIRECTOR 250 RECD BY REGISTRAR 250 REGISTRAR'S S GNATURE	
	45M 1/69/	her 1. lafterson Von, levryodle, 1/4- DATMAY 26 1969 yellowlas Jun	ye.



	١,	MARYL	AND STATE DEPARTMEN		
FOD STATE	H	1 1 1 - 1 - 1 / ·		, BALTIMORE, MARYLAND 21201	06949
FOR STATE	1 0		EXAMINER'S CERTIFIC		
HEALTH DEPT.		ype or Print)	Midale	20 DATE KNOWN Manth OF ESTI	
deloy is and 3 to M3. Page	3 \$	JASPER X JA RACE IS DATE OF BIRTH	6. AGE (In years IF UNDER	McCOY DEATH MATED 5	1 3 1969 9 pM
deloy and 3 M3. Pa	3 3	Solored Male 3-28-/	D. Note (In 1805)	DAYS HOURS MIN. Month Doy	Yeor 2d HOUR
2, and PM3.		RTHPLACE (State or foreign 7b (ITIZEN OF WHAT COU		May 1	3 19 69 9 DM
FEI AT 1	coun		INTRY? 8 MARRIED NE WIDOWED	EVER MARRIED ♥ COUNTY OF DEATH DIVORCED □ Harford	Md
ooth ooges ith for	10 (TY OR TOWN OF DEATH 11 NAME OF	HOSPITAL OR INSTITUTION (IF not in	hospital 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
Give Pages ong with for th the State		and de Grace Harfor	ddress) rd Memorial Hospi	ital during most of working life, even if refired)	INDUSTRICE
of W alco		USUAL RESIDENCE (Where deceosed lived, if institution R Imission) STATE 13b. COUNTY	Res dence before 13c CITY OR TOWN	13d INSIDE CITYLIMITS? 13e STREET AND NUMBER	
nem 11 office 1 office office d	14. E	ATHER S NAME First Middle	Lost IS MOTHE	e Grace 700 Union Av	Lost
		asper Edison m	1º Cors Pa	trisia Stevensor	
hin 24 ninet is poges hours		WAS DECEMBED EVER IN U.S. ARMED FORCES? 16b SC (If yes give war or dates of service) (If yes give war or dates of service)	OCIAL SECURITY NO 17 INFORMAL	ADDRESS OS	Surionane
withing in pendil in pendi			funt Hirs	Jusper E. M. Coy Heurel	e Hace med
al E		18 CAUSE OF DEATH (Enter only one cause per ine for (PART I DEATH WAS CAUSED BY.	(d), (b) , and (c))		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
bm executed "pending" in nief Medical E ansit permit. F event within		IMMEDIATE CAUSE (a)	SDII (Interstiti	ial pneumonitis)	
ent rent		Conditions, if ony, which gove)	ONSEQUENCE OF		
d i b		rise ta immediate cause (a), (b)	CONCENERACE OF		
should be executed to word "pending" is to the Chief Medical bunot-transit permit.		stating the underlying couse DUE TO, OR AS A C	ONSEQUENCE OF		
N to a D z		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH DUT NOT DELATED TO THE TEN	MANUA DISCASS OD CONTROLON CHARD IN CART 15-1	
This certificate signature		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO	DOMES BOT NOT KELATED TO THE TEK	MINAE DISEASE OR CONDICION GIVEN IN PART I(0)	
vis certificative, writing to forwarded os one used os oremovel.	T.ON	190 DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION		20 AUTOPSY?
	CERTIFICATION	W	VAS PERFORMED?		YEST NO [
inficate, d be fo old be u		210. EXTERNAL CAUSE WAS 216 TIME OF INJURY	Month, Day, Year 21c HOW IN:	JURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	
INER: Thi ne certificat should be files. 3 should be notion, or r	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M.	19		
	ME	21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame factory, affice building, etc.)		N Street or R.F.D. No City or Town	County State
DEPUTY DICAL EXAMINER: seessory, pleose execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should be prior to buriol, cremotion.		AT WORK AT WORK			
ICAL Es executor. Poped for CTOR: buriol,		22a I certify that I taok charge of the rem			
please exe director. P retained fo DIRECTOR.		death resulted from: Notural couses K	Accident [], Suicide		r 🗀
pleose directive retoine DIREC		ACTUAL OF VIAN TO I		CHIEF MEDICAL EXAMINER	Tr Closure.
Jry ple erol di be retd RAL Di prior		SIGNATURE 100	M	D. Haddania Medicae Examiner 1232	TE SIGNED 14. 1969
o DEPUTY necessory, p the funerol s may be re y FUNERAL Heolth prio		EXAMINER'S NAME (Type)		DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	14, 1909
TO DEPL necesso the fun 5 may FO FUNE Heelth	230	BURIA, CREMATION 23b DATE	on M.D. 23c NAME OF CEMETERY OR CREMAT		(Caunty) (Stoteh
<u> </u>	1	REMOVA (Specify)	Ba bleule To	end Wender ton	mid
r.	24	Way 7 1969	ADDRESS	250. REC D BY REGISTRAR 25b REGISTRAR	'S SIGNATURE
VR ATSME (5)	17	www. Br. Olesto Hu	or de Brace	Ma DAIIN 2 1969 10000	Pan Gredal



11	MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPOS 301 W PRESTON STREET RAITIMORE MARYLAND 21201	~
FOR STATE	bitision of the Records, but W. I Reside Street, been stated	06951
FOR STATE	Item#O Film@h13 6/2 MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALIN DEPIT	(Type or Print) OF ESTI-	Year 2b HOUR
3 to 3 to 5	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years 15 JINDER 24 HRS 2c DATE PRONOUNCED DEAD	
y delay is and 3 to PM3. Page	has birthday T MONTHS DAYS HOURS MIN. Month Day	Year 1060 8:00
75. E. S.	Male White 10-4-27 42, YRS May 21, 70. BIRTHPLACE (Stote or foreign 7 to CITIZEN OF WHAT COUNTRY? 8. MARRIED PREVER MARRIED 9 COUNTY OF DEATH	1969 P.M
	Country M Canolina U.S.A. WIDOWED DIVORCED HARFORD	Md.
Pag vith fa	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a CSUA) OCCUPATION (Kind of work done 12b	JANO OF BUSINESS OR
ded e Po with	Hand Chace give street oddress) Pennington's Funeral Home during post of orking lift even if retired.)	CSYRY
hours after deather 18. Give Pag Office alang with and 2 with the Sta	130 USUA. RESIDENCE (Where deceased lived, if institution. Residence before 13c city OR TOWN 13d INSIGN CITY LIM TS9/ 13e. STREET AND NUMBER	CHO PROPERTY
s after 18. Gn alang 2 with death.	odmission) STATE Md. 13b (OUNTY Harford Havre de Graces No R.F.D. #1	
hours Item 1 Office after	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
- = 0 5 %	J.C. Mc Cisw	
Entiticate, writing the ward "pending" in pentil in Item 18. Give Pag 11, should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages I and? with the State Delation, or remayal, and in any event within 72 haurs after death.		24.
In 72 hau	(Tes, no, or Upknowns () (If yes give wor or darks of service) and . Mary M Craw Atamerae Rice	The second second
ed til	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executing "pending inef Medico ansit permi	PART I. DEATH WAS CAUSED BY IMMCDIATE CAUSE (a) Multiple severe injuries	
exe end if per	DUE TO, OR AS A CONSEQUENCE OF	
P de l'hield sins y e	Conditions, if any, which gove) rise to immediate cause (a), (b)	
shauld be executed with shauld be executed with the ward "pending" in the to the Chief Medical Example transit permit File I in any event within 72	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Da garage	(c)	
This certificate should icate, writing the ward be farwarded to the Clabe used as a burial-tr or removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
神事事	190 DATE OF OPERATION 196 COND TON FOR WHICH OPERATION	20 AUTOPSY?
e, w farv emo	WAS PERFORMED?	YES X NO
KAMINER: This certificates to the certificate writing the get should be farwarded to your files. Oge 3 should be used as a becreation, ar remaval, and	190 DATE OF OPERATION 190 COND'T ON FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	
s. s. ould	PRIMARY TO OR CONTRIBUTING PM. ? 19 Hit by train CAUSE OF DEATH PM. ? 19 Hit by train Tid INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21E LOCATION Street or R.E.D. No. City or Jown C.	,
INER: le cert shaul files. 3 shou	The moon occurred (Tie . the of moon for any shoe,	ounty Stote
DEPUTY BICAL EXAMINER: scessary, please execute the certific funeral director. Page 4 shault may be retained for your files. FUNERAL DIRECTOR: Page 3 should all prior to burial, cremation,	WHILE NOT WHILE TO FOCTORY, Office bu ding, etc.) R.R. tracks (rural) Havre de Grace R.R. tracks (rural) Havre de Grace	ce Harford
L EXA	22a certify that taak charge of the remains described above, held an Autopsy X , Inspection , Inquiry ,	and in my apinian
ICAL E) s executor. Paged for y CTOR: P Surial,	death resulted fram: Natural causes A. Accident . Suicide . Hamicide . Undetermined manner X	
please please directs directs blacks	CHIEF MEDICAL EXAMINER	
ry, please es eral directar. be retained RAI DIRECT	ACTUAL SIGNATURE (226. DATE SIGN	
Sary Sary Sary Sary Die R	EXAMINER'S Charles S. Springate, M.D. DEPUTY MED CA. EXAMINER May 22.	, 1969
necessary, please extremely the funeral director. S may be retained to FUNERAL DIRECTOR. Health prior to buy	NAME (Type) ADDRESS(Street, city, town, or squirty)	
5 g # 2 5 ±		unty) (Syote) M/
	24 FUNERAL DIRECTOR 256 RECUSTRARS SIGN	ATURE / MI
VR ATSME (6)	The state of the s	- Judgen
VR A15ME (5)	January 2 1968 Januar	× / 5



¥						MARYLAN	ND STATE	DEPARTMENT	OF HEALT	Ή			
-			06953	!	DIVISION OF '	VITAL RECORDS	, 301 W. P	RESTON STREET,	, BALTIMORI	, MARYLAND 212	201	06950)
,			110000				CERTIFI	CATE OF DEA	ATH			0 0 0 1,1 1	
	£ 20 ¥		ECEASED NAME	First		Middle		Lost	20	DATE OF DEATH			2b HOUR
	de oth	((ype or print)	Ruth		Ann		McGrail		Month	Doy	Year 69	12.16
	the second	3 S	X	151101	4 RACE			S. DATE OF BIRTH		6 AGE (In yea	ors	IF UNDER LYEAR	IE UNDER 24 HRS
			female		1.7	ite		11_1	5-94	ast birthday	YRS.	MONTHS DAYS	HOURS MIN
		7a	BIRTHPLACE (State or fo	reign 7	b CITIZEN OF WHA		8 MAPPIED	№ NEVER MARRIED		NTY OF DEATH	1103.		
	24 hours	COU	Balt.	Co	USA		WIDOWED			Harford			Md
		10 (ITY OR TOWN OF DEAT		11 NAI	ME OF HOSPITAL OR IN	1	1		PAT ON (Kind of work	done	126 KIND OF B	
	cecuted within campletely fi	l ,	Havre de Gr	20.00	f give st	reet oddress) tizens 1		di	uring most of w	orking life, even if ret Driver	red)	INDUSTRY	03/11237 DK
	d w arb	130	USUAL RESIDENCE (Wh	ere deceosed	lived, if institution	in Residence before	13c CITY OF	TOWN 3d INS	SIDE CTY JIM TS?	13e, STREET AND NUME		auco	
	ure ve c	odm	ssion) STATE Md		13b COUNTY	Harford	Edgew	ure f	© NO [2114 Nut		Atronico	
	and con remove	14		rst	Middle	Lost		S. MOTHER'S MAIDEN	NAME First		Idle	WARINGA	Lost
	and and in ar		Jo	ohn		Store				mown	410		6031
	physician on please oval, and it		WAS DECEASED EVER I	N U.S. ARME		16b. SOCIAL SECURITY	V	INFORMANT	014	Add	ress 1	D.)	1 161
	ifico ifico in planta)	es, no, or unknown)	,If yes give war	or dates of service)	210	16-00	21 Ellen	Dumban	2016 Arms	1	Edgewoo	d, Md.
	cert fher mov		18. CAUSE OF DEATH	L/Enter only	DOL 100 BOLLO				Authar,	ZOIIO AFIIIS	LFOI	APPROXIM	ATE INTERVAL
	ottending permit. The		PART I DEATH W	/AS CAUSED	BY. /	arces		, Ot	1/0. 0	2 0		11 11	SET AND DEATH
	dec iffer n, o		1 .	IMMEDIATI	CAUSE (o)		one	*	cany			T cue	onles
	the of the otto		Conditions, if any, wh	ich gove)		A CONSEQUENCE OF		0	V				
	is that cion. d by th I-transil		nse to immediate co	use (o),	(b)	A CONSEQUENCE OF	-			· · · · · · · · · · · · · · · · · · ·		+	
1	icion la ball-tra		stating the underlying last.	ig couse	(c)	A CONSEQUENCE OF							
0	requires that the death certificate be executed within 3 physicion. signed by the ottending physician and campletely filler burial-transit permit. Then please remove carbon poburial, cremation, or removal, and in any event, within		PART 2 OTHER SIGNII	ICANT COND		NG TO DEATH BUT A	OT DELATED. T	THE TERMINA. DISE	A⊈ ∩RCONDITIO	N G-VEN IN PART 1/o)			
, 8	w red ling p een s the b r to b	۱.,	Dhar	the	010	:061 -	ti.	(2) F	7.5 (0//	41	3).	1/1
. 10	low hee bee		190 DATE OF OPERATIO	N 19b.CC	NDITION FOR WHIC	H OPERATION WAS PI	RFORMED	20o AUTOPSY?	1	206. IF YES, WERE FIND	INGS CO	NS-DERED IN CER	ZIFYING V
	The law re attending has been se as the th prior to	CERTIFICATI					V	YES 🗍	NO ÎST	CAUSES OF DEATH?			1
	÷ a e n te	8	210 ACCIDENT WAS U	JNDERLYING	216 TIME OF	INJURY	23c H	OW INJURY OCCURRED		of injury in Port 1 or f	ort 2 Ite	em 181	
		MEDICAL	OR CONTRIBUTING () (If either, notify media		HOUR AM.	Manth Buy Year					J. 4, 111	···· ·- /	
	PHYSICI e haspithis certifi stached Dept. of	MED	21d. INJURY OCCURRE	D 21e P			9 CTORY. 1 21 LO	OCATION Street or R	FD. No.	City or Town		County	State
	the hospithe this certification of the postion of the certification of t		While Not while of work	3 1	-	OFFICE DUMONG ETC	/					d	31010
	ATTENDING stained by the CTOR: After the should be de uth the State		22a. I certify tha		haspital) atter	nded the decens	ed from	3/1	19/02	to 5/23	19_	1-9 that	(I) (we) last
	Affi d b d b d b e St		saw the dec	eased aliv	e an	122	1967 on	d that in (my) (a	ur) apinion d	eath accurred an t	he dat	e and haur a	nd from the
	OS TITE			d above,	(1) (we) (did) (i	lid nat) view the	body offer	death.	. , ,			6	
	OR ATTENI be retained DIRECTOR: A e 3 should ed with the		22b SIGNATURE	>	N 1	1	6	ATTENDING 1	MED.	STAFF -	22c 0/	ATE SIGNED	100
	DIRE DIRE Ge 3			(-1-1	Vigels	(100	Dun DEGI	REE PHYS	DIRECTOR	PHYS,		5723	197.
	May may gal be fa	`	22d PHYSIC AN S NAME (Type)	A.	12 f	57.00	M	22e. ADDRESS	tours	do Ch	arc	1 Just	1
	TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be defocuted by the below of the		/_	LEU	1420	- woe	/		laure	Ar		-, me	,
	age age line die chief	230	BUR AL, CREMATION REMOVAL (Specify)	23b DA		23c NAME OF			23d	LOCAT ON (City of Town		(County)	(Stote)
	5-5	24	FUNERAL D.RECTOR	May	27, 196	9 Baltin			emetery	Baltimor		IGNAT PC	Md.
	VR A15	24		McCome	s & Son	Abingdo			MAY 2	FRAR 1969 PEGIS	LKAR S S	TONALURE LANG	dec.
	45M - 1/49						1200	DATE	MAY 2	0 1000 K		Gia	/L



11.	_	1	MARYLAND STATE DEPARTMENT OF HEALTH							
1	1		06955 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212016 952							
			CERTIFICATE OF DEATH							
ath.	and 2		PECEASED-NAME Type or print) Hash Doy Year 2b Hours							
9	funer A ar er de	<u>_</u>	114RAG (LBERT 11100 M) 3-3 29 6P							
after .	事るを	3)	Male White share of Birth 6 AGE (In years is under year is under 24 HRS loss britings) AND Le White Share is under 24 HRS MAN							
a sign	A Po	7a	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEW MARRIED 9. COUNTRY OF DEATH							
24 h	led in(lopers in 72 h	L	MA. H.S. WIDOWED DIVORCED & HORFORD.							
造 .	:= " -=	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) INDUSTRY							
× 1	letel arbo nt, v	130	USUAL RESIDENCE (Where decepsed lived, finist rution, Residence before 13th CITY OR JOWN) 13d ASIDE CITY LIMITS? 13e STREET AND NUMBER							
cute	completely love carbor y event, wi	adır	ission) STATE Md 13b. COUNTY Hartord Tave de Brace YES NO 601015ego T.							
exe.	ond completely remove carbon n ony event, wit	14,	FATHER'S NAME First Middle Last IS. MOTHER'S MA DEN NAME Syst Middle Lost							
d di	in series	160	WAS DECEASED EVER N U S ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT O 201 TO Address							
	physician en please ovol, ond		(Hyes no, ar unknown) (Hyes give war ar dates of service) 217-03-1/634 The maint Principle Md.							
9	The D		18 CAUSE OF DEATH (Enter only one couse per one for (a) (b) and (c)) PART I DEATH WAS CAUSED BY OR COLOR OF THE PROX.MATE INTERVAL BETWEEN ONSET AND OT T							
eo th	endii		PART I DEATH WAS CAUSED BY OLD GOLD Chee to INTO							
he d	peri	1	DUE TO, OR AS A CONSEQUENCE OF							
101	msit month		Conditions, if only, which gave rise to immediate cause (0). (b) Chebyas ART Sclenosis JARS							
es th	signed by the ottending burial-transit permit The burial, cremation, or remo		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)							
dur phys	igné ourie		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							
- N	to t	z								
endi	hos been se os the th prior to	N S	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING							
The T	e se diff	CERTIFICATION	YES NO CAUSES OF DEATH?							
AN O	ficato far Heo		21a ACCIDENT WAS UNDERLYING 21b. TIME OF NIURY OR CONTR BUTING CAUSE OF DEATH HOUR A M. Month Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)							
rsic ospit	renti hed t af	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. IN_URY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No City or Town County State							
PH)	this detact		21d. IN.JRY OCCURRED While Not while at work 1 to 1 t							
DING by	fter be Stat		22a 1 certify that (1) (this hospital) attended the deceased from 3, 19,69, to 5,3, 19,69, that (1) (we) last saw the deceased alive an 3, 19,69, and that in (my) (our) apinion death accurred an the date and have and from the							
red	the the		saw the deceased alive an							
AT	ECT SPECT PECT PECT PECT PECT PECT PECT PECT		226 SIGNATURE 226 DATE SIGNED /							
P og	DIR ge 3 led v		DEGREE PHYS DIRECTOR PHYS DISCORD S 67							
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospitol or attending physician.	for Funeral DIRECTOR: After this certificate has been signed by the ottending physician and co director, page 3 should be detached far use as the burial-transit permit. Then please remoshould be filed with the State Dept af Health prior to burial, cremation, or removal, and in any		122d PHYSICIAN'S NAME (Type) Dad LEA Phillips 22e ADDRESS 200 DAR/11 NTT on mc							
HOS ge 4	rect of collections	230	BURIL CREMATION, 230 DATE 230 MATE OF CEMETERY OR CREMATORY 230 OCATION (Cty or Town) (County) (State)							
55	5 2 2	/	removal (specify) 5/9/69 Seperation (Tingman Md							
	VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS Ce Silve MAY 7 1969 250 RECD BY REGISTRAR S GRAPURE MAY 7 1969							
	/	1	were a supplied to the supplined to the supplied to the supplied to the supplied to the suppli							



MARYLAND STATE DEPARTMENT OF HEALTH 06956 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06953 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. 1 DECEASED NAME Middle 20, DATE KNOWN Month Dov (Type or Print) EST -BOBBY JOE MULLINS DEATH MATED IF UNDER 1 YEAR 2. DATE PRONOUNCED DEAD 4 RACE 6. AGE (In years IF UNDER 24 HRS. 3 SEX 5 DATE OF BIRTH April 1, 1946 White Male To BIRTHPLACE (State or fore an 7b. C T ZEN OF WHAT COUNTRY? MARRIED IX NEVER MARRIED 9. COUNTY OF DEATH U.S.A. (Ountry) Maryland W DOWED [DIVORCED [Harford II NAME OF HOSPITAL OR INSTITUT ON (f not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH Deer Creck Church Road during most of working life, even if retired)
Service Manager INDUSTRY Forest Hill (Rural) Automobile 130 USUAL RESIDENCE (Where deceased led, finstitution Residence before 13c CITY OR TOWN 13d. INS DE CITY JM-TS? 13e STREET AND NUMBER Marylan 13b. COUNTY Harford Fallston YES NO M ddle Lost IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Mullins Orpha Snowden Nora Stidom 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECUR TY NO Forest Hill (Yes, pror unknown) (H yes give war or dates of service) 215-44-2446 Oroha S. Mullins, Bynum Rd., 88388888 Md 4 shauld be forwarded to the Chief Medical Exp event within 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) BETWEEN ONSET AND DEATH 2 due to DroWNI PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) burial-transit Conditions, if any, which gove rise to immediate couse (a), dny DUE TO, OR AS A CONSEQUENCE OF storing the underlying cause ar remaval, and PART 2 OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT ON 20. AUTOPSY? WAS PERFORMED? YES 🖂 21c HOW INJURY OCCURRED (Enter nature of mury in Port 1 or Port 2, Item 18) 210. EXTERNAL CAUSE WAS 21b TIME QF JAUJRY Month, Doy, Year 3 shauld PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, Cty or Town Stote Farm Pond-Deer Creek Ch. Rd. Harford Md. Forest Hill Rural 22a. I certify that I took charge of the remains described above, held an Autopsy ... (ngury X), and in my apinian (nspection III) Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER XX **EXAMINER'S** Gerald C. Palmor, M.D. ADDRESS(Street, city, town, or county) Bel Air. NAME (Type) 230 BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d, LOCAT ON (City or Town) 23b DATE REMOVAL (Specify) Bel Air Memorial Gardens Bel Air, Harford Co. 250 REC'D BY REGISTRAR Tarring Funeral Home DATION Aberdeen, Md. 21001



7	_	1	W 171	MAKTL	AND STATE DEPARTMENT OF	HEALIH			
-		06957 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21200 6954							
		CERTIFICATE OF DEATH							
	2 82	陆	ECEASED NAME _ FI	rst Middle	Lost	20. DATE OF DEATH			
	death. neral and 2 death.		Tuno or print!	7	M	20. DATE OF DEATH 2b HOUR			
	r deat uneral l and r deat		DerTh.		11JURR AY	111114 12 1469 11 1.	M		
	offer offer offer	3 5	EX .	4 RACE	S DATE OF BIRTH	6 AGE (n years / Funder 1 YEAR FUNDER 24 HR	_		
	and a second	16	emale	Colored	July 27	1891 lost birthdoy) MONTHS DAYS HOURS MIN	ŧ		
			BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARR ED	9 COUNTY OF DEATH			
	d in der 72 h	COt	niry) md	4.5.	WIDOWED DIVORCED	HARFORD			
	filled in paper thin 72	10	CITY OR TOWN OF DEATH			JAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR	Ad		
		1	LAUREde GRAG	g ve street oddress)	AA I // duman	east of working ife, even if retired INDUSTRY	. ,		
	4 w	130		eosed lived, if institut on Residence befo	re 13c CITY OR TOWN 13d INSIDE CITY	LIMIS? 13e STREET AND NUMBER	4		
	ricate_be executed with sicial and campletely please remove carban youd in any event, with	odn	ission) STATE	13b. COLNTY	. /	10 DA 1 ROMBER	ď		
	xect cal	14	FATHER S NAME First	Middle O Lost	- NOFAIN-	- KD / DOX 374	=		
	be exected and contraction and contractions in any	14	PATRICK'S NAME FIST	1)					
	1 9 8 B	<u> </u>	acc .	Pars		9772	_		
			WAS DECEASED EVER IN U.S. A 'es, no, or unknown) (If yes giv			Address Pt.#1 30x39	4		
	th certificate. Jing physician Then please remayal, and	L	no :	- x16.12.6	1234 Mr. Enl 1	. Murray, Bel-Clin, Ml.			
	attending permit. The	1	18 CAUSE OF DEATH (Enter	only one couse per the for (o), (b), on		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	endji mit. ar r		PART I DEATH WAS CAU	SED BY DIATE CAUSE (0)	Carrelous CA	Libreral c =	_		
	attend attend permit. ian, ar r	П	174×	DUE TO, OR AS A CONSEQUENCE	DE Car D	1. 1. 304.	_		
	t the the sit p		Conditions, if ony, which gove	e)	" The term	rence and lunce			
	that an. by tl rans rem		rise to immediate couse (a)		E To Read	metastases	-		
7	4 de 1 de	L	stoting the underlying coust	6)					
1	physician. physician. signed by the att. burial-transit perr burial, crematian.			CONDITIONS CONTRIBITING TO BEATH B IT	NOT RELATED TO THE TERMINAL DISEASE OR	COLDITION CAPEN SI RIPE IV	=		
18	o Si pe		TAKE 2 OTHER SIGNIFICANT C	CONTINUE CONTRIBCTION TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(0)			
ě	ding the	Š	10- DAYE OF OPERATION 10	CALBITIAN FOR MILEN CORPORTION					
	The law re attending has been se as the the priar tath	CERTIFICATION	190 DATE OF OPERATION 19	b Condition for WH.CH operation was		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	= £ 5 8 € X	E			YES NO				
	AN:		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF OR		21c. HOW INJURY OCCURRED (Ent	er nature of injury in Port 1 or Port 2, Item 18)	_		
	Pig in the state of the state o	MEDICAL	(If either, notify medical exor	miner) P.M.	19				
	has ce che pt.	2	21d. INJURY OCCURRED 21	Te. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY) 21f LOCATION Street or R FD. N	o. City or Town County State	_		
	OR ATTENDING PHYSICIAN: so retained by the haspital ar IRECTOR: After this certificate a 3 shauld be detached far u id with the State Dept. af Heal		While Not while of work	COPPLE BUILDING, E.C.	1				
	NG NG NG NG NG NG		22a certify that (1) (1	this haspital) attended the dece	sed from 19	. to 11/194 12 1969, that (1) (we) to			
	d A d S		saw the deceased	alive an IIIAY 12	19 / 9 and that in (my) (aur) or	inian death accurred an the date and haur and from th	16		
	Og January Land	1	causes stated aba	ve, (I) (we) (did) (did nat) view th	e bady after death.		_		
	Mark Per Par		226 SIGNATURE	11 / 1	A MA ATTENDING	22c DATE/SIGNED			
	Dig be		1///	Handows	DEGREE PHYS	MED. STAFF D 5/12/69			
	AL AL Page e fi		22d PHYSICIAMS NAME (Type)	4 5 = = = = = = = = = = = = = = = = = =	22e. ADDRESS	n 87 1/1 11 1	7		
	SPI 4 m	L	MAINE (19pe)	HJADOWSK	4 30421	=WIS 21. It ame do Drace M	1		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to	230	BUR AL, CREMATION, 236	DATE 23c NAME (CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Stote)	=		
	2ª 2 5 5 7)	K	KEMOVAL (Specify)	5-16-69 Clau	is Chapel Centery	Belain Harfad mid	8		
	VR ATSA	24.	FLNERAL DIRECTOR	ADDRE	55 PA 250. REL D	BY REGISTRAR 256 REGISTRAR'S SIGNATURE	_		
	45M (1) 86		Citchia &	Sullock, Harre	LE Bricy M. DAMAY	20 1969 Theretas Judges			
	1)				The state of the s				



MARYLAND STATE DEPARTMENT OF HEALTH 06958 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06955 I. DECEASED NAME Farst Middle Lost 20. DATE OF DEATH death. 2b HOUR requires that the death certificate be executed within 24 hours after death Tuneral Tand (Type or print) OGIER Helen Elizaboth 3 SEX 4 RACE S DATE OF BIRTH AGE (In years IF LINDER 1 YEAR last birthday) MONTHS DAYS ROLES CAUCASIAN 10 70 BIRTHPLACE (State or faretan 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Haure de Groce Housewife Housewife 130 USUAL RES DENCE (Where deceased lived, finstitution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 3e STREET AND NUMBER odmissian) STATE 13b COUNTY Ald NA and cor 14 FATHER'S NAME Feest Middle Last 15. MOTHER S MAIDEN NAME First Middle last and in John W. Treder Lora Walper please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address 212-05-5969 Yes, ng, grunknown) (1 yes give war or dates at service) Lohn L. Ogier 1924 Old Joppa Road Jooppa. APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per one for 40), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY anal hours IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O (andit ons, if any, which gave) burial-trans't rise to immediate cause (a), DUE TO OR AS A CONSEQUENCE OF stating the underlying cause signed łast PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) detached far use as the te Dept. of Health priar to mal 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING After this certificate has CAUSES OF DEATH? NO X YES 🗌 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INSURY OCCURRED 21e PLACE OF INJURY (AT HOME EARM, STREET, EACTORY.) 21f LOCATION Street or R.F.D. NO. City or Tawn State County While Not while 220 I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on 5/13/60 19 and that in (my) (aur) apintan death occurred an the date and hour and fram the Page 4 may be retained TO FUNERAL DIRECTOR: A causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED DEGREE director, page . 22d, PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a BURIAL CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Baltimore Fullerton 5-16-1969 Gardens of Faith FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 2Sb REGISTRAR'S S GNATURE Lassahn Fun ral Home 7401 Belair Road 21236



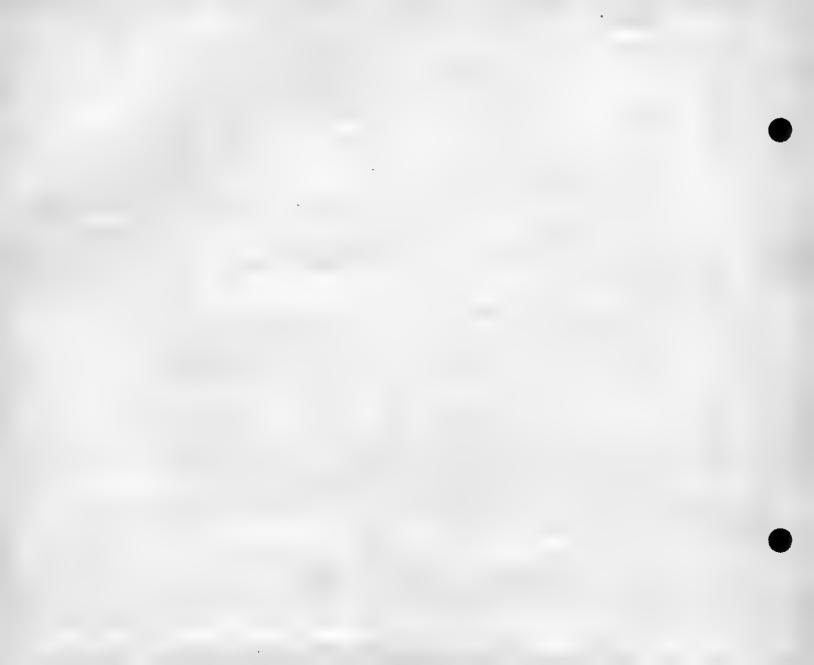
1-1-	1	06959 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
0 -15	lI	tem5 FilmG413 6/4/69 kk CERTIFICATE OF DEATH	06956
= (2	10	ECEASED-NAME First Middle Lost Zo. DATE OF DEATH	26 HOUR
ir death. iuneral l ond ?		Type or print) MAICA Rottenberry MAIMONTH 224	1969 634
offer offer affer affer	3 S	EX 4 RACE S DATE OF BIRTH 3/16/1897 6 ASE (n years last birthday)	IF UNDER 1 YEAR F JNOER 24 HRS
rs of	<u> </u>	TEMALE WOLFE MARCH/144/ 72 YRS.	WOMINS ONLY HOURT WIN
haurs hours	70. cau	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH)	
filled paper thin 72	10.	CITY OR TOWN OF DEATH It NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSJAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
certificate be executed within 24 haurs after a paysician and completely filled in by the fulled in her please remove carbon papers. Pages I movol, and in any event, within 72 haurs after	17	during most of working ite; even if cettred)	INQUSTRY
omplete event.	130.	USUAL RESIDENCE (Where deceosed lived, it institution Residence before 13c CITY OR TOWN 13d WHICK CITY LANDS 13e STREET AND NUMBER	HOME
comprome some some some some some some some s		ission) STATE Md 136 MAR ford Have de Grace YES NO 607 Giles	s St.
and or rem	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
ote be	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Address Address	100
ol, o		(es, no orunknown) (It yes give war or dates of service) NO EDWARD J. ROTTENBERG-60	AURE de LO RACE 7 GILES ST.
mo vert	-	IB CAUSE OF DEATH (Enter only one course per line for (b) (M) and (ch)	APPROXIMATE NTERVAL BETWEEN ONSET AND OFATH
# # 1 a		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Kentra Carla trivillation	Sul Con
that the death an. by the attendist ransit permit.		4/24 DUE TO, OR AS A CONSPONENCE OF	
of the nsit mat		Conditions, if any, which gove (b) Allerio Sclerolic Cardio -	2-3 year
The low requires that the death certificate be executed by the attending physician. The been signed by the attending physician and are so the burial-transit permit. Then please remo h prior to burial, cremation, or removal, and in any		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF Vascular Disease	1
equires physicia signed 1 burial-tr		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	× ×		
The low red attending hos been se os the h prior to	CATIC	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2D0 AUTOPSY? 206 IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
use ho	CERTIFICATION	15 NO	
tal conflication	MEDICAL C	OR CONTRIBUTING CAUSE OF ORATH HOUR A.M. Month Day Year	lem 18)
PHYSICIAN: e hospital or his certificate stached far u	MED	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. (ity of Town)	County State
the this detail		at work at work	10
ATTENDING stoined by th CTOR: After t shauld be de ith the State		22a. I certify that (1) (this hospital) attended the deceased from 5/24, 1967, ta 724, 1945, saw the deceased give an 5/24 1967, and that in (my) (aur) opinion death accurred on the data	that (I) (we) last
OR ATTENIOR DE retoined DIRECTOR: A shauld ed with the		saw the deceased alive an 3 2 4 1967, and that in (my) (aur) opinion deoth occurred on the dot couses stated above, (1) (we) (did) (d d not) view the body after death.	e and hour and from the
ECT OF STATE		ATTENDING AND STAFF OF	PATE SIGNED
L OR / be rr	=	The the Commence of the theory	T24/69.
SPITAL 4 moy NERAL ior, pai		22d. PHYSICIAN'S NAME (Type) Edward C. Loo, M.) 22e. ADDRESS Holling de Eyra	ec, lud.
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or aft TO FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached far use should be filled with the State Dept. of Health page 3	230	BURIAL, CREMATION, 236 DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (CITY OF TOWA)	(County) (State)
5 5 5 2 W		DISCIAL 5/25/1969 HEBREW PRENOSHIP BALLAGE	MO.
VR A 5 45 M	24	FUNERAL DIRECTOR ADDRESS ADDRE	IIGNATURE
45M 1/49	1	you for all ball ball DATE	70



	-	1	06960 DIVI	A LIATIV 70 NOIZ	MARYLAND S RECORDS 301					21201		
T	OR STATE				ICAL EXAM						0693	57
HE	ALTH DEPT.		ECEASED-NAME Type or Print) RC	Frst DVLAND	M dd GEOF		SCHU		I 0	TE KNOWN MOT F ESTI- ITH MATED	thy 22,196	9 26 HOUR
delay	m 0 =	3 !		5 DATE OF E		6 AGF (In years last birthday)	MONTHS OA		24 HRS 2c DA	TE PRONOUNCED DEAD		2d HOUE
dny		70	BIRTHPLACE (State or foreign	75 CIT-ZEN OF V		1111	RRIED NEVER	R MARRIED	9. COUNTY OF		LL 19 C	9 1:00
	S 0 0		Md.	USA				DIVORCED	<u> </u>	larford		Md
24 haurs after death	8. Give Pages 1, alang with farm with the State Deeath	3	Edgewood	give	NAME OF HOSPITA e street oddress)		,	during	Forema	ON (Kind of work doi ig ife, even if retired 11		
s after	18. Gri	130	USUAL RESIDENCE (Where didmission) STATE Md.	eceosed lived, if inst 13b. COUNTY	Itution Residence Harford		or town wood	AE2 U	1.00	reet and number 14 Emmorto	on Road	Edgewoo
Jan	affer a series	14	FATHER'S NAME First	Midd		LOST	IS. MOTHER S	MAIDEN NAME	First	Middle	l	.051
24	E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Row]						Peggy			four
be executed within	should be farwarded to the Chief Medical Examiners files. 3 should be used as a burial-transit permit File pages action, arremayal, and in any event within 72 hours		WAS DECEASED EVER IN U.S. AR (es, no, or unknown) (# yr	MED FOR CES? as give war or dates of service	166 SOCIAL SECT 215-42-		Nealie	M. Sch	uman, 1	ADDRESS Ex		
oa.	al Es		18. CAUSE OF DEATH (Enth								APPROXIM. BETWEEN ON	ATE ONTERVAL SET AND DEATH
ecul	"pending" in nief Medical E ansit permit F event within		O 2 2 0 IM	WEDIATE CAUSE (o)								
9 9	ef Merinsit prent		Conditions, if any, which go	OY6)	OR AS A CONSEQUE	NCE OF						
∑ = 5	vard " ne Chi al-trar any e		rise to immediate couse (stating the underlying co	o), (D)	OR AS A CONSEQUE	INCE OF						
Should	he ward "pending" is to the Chief Medical burial-transit permit in any event within		last	(c)								
$\mathcal{L}_{\mathcal{L}}$ certificate	be farwarded to be farwarded to d be used as a b arremaval, and	20	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB.	LT NG TO DEATH B	JT NOT RELATED	TO THE TERMIN	IAL DISEASE OR (ONDITION GIVEN	I IN PART I(o)		
)/ E	writ Irwai Ised Inova	CERTIFICATION	190 DATE OF OPERATION		19b CONDITION	FOR WHICH OP	RATION	-			20 AJTO	SY7
This	ote, le fo	RTIF	or current of Chief wife	lan vare							YES [NO 🔀
E	should be farwar files. 3 shauld be used nation, arremova	MEDICAL CI	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION CAUSE OF DEATH	NG HOUR	DE INJURY Month, D A.M. 11:50 P.M. 5-22	1969	Explos	ion		ury in Port 1 or Port		
DICAL EXAMINER:	execute the carti	/ 2	2 d. NJURY OCCURRED WHILE AT WORK AT WORK	foctory office build Office B	(At home, form, s ling, etc.) Ldg •	street,	PF. LOCATION SI	treet or R.F.D. No.		ity or Town Wood Arse	County	State Md.
AL E	tar. Paged for y CTOR: Purial,	}	22a. I certify the	ot I took charge of	the remains di				Inspectio			my opinion
ĕ	ecto inec	*	death resulted fram	n: Notural (a	uses [], A	(cident -),	2010ide [J	_	determined man		mol.
	트 등 트 글 은		ACTUAL SIGNATURE	rold (Valm	n	M D		EXAMINER L EXAMINER		ATE SIGNED (60
TO DEPUT	fun nay uun uun alth		EXAMINER'S NAME (Type)	erald C.	Palmer,	$M_{\bullet}D_{\bullet}$, cty, town, or o		57 22g IA	<i>t</i>
101	To Fee	230	BUR AL, CREMATION, REMOVAL (Specify) Burial	23b DATE	23c NA Cok	ME OF CEMETERY	OR CREMATOR Memoria	al Ceme	23d LOCATI	ON (City or Town) Dingdon	(County) Harford	(Stote) Md.
	VR A15ME (\$)	24 H	FUNERAL D RECTOR OWARD K. McCo	May 24, 1 mas & Son	, Abingd	address lon, Md.		1	BY REGISTRAR		RS SIGNATURE	
	10M REV 1/68								- V I			



DECENSION AND FUNDAMENTAL DISCONSISTERED, BALTIMORE, MARYLAND 2120) CERTIFICATE OF DEATH DECENSION MANN FIRST MARGINET SOUND OF BEATH JO CONTY OF DEATH JO CON		1	MARYLAND STATE DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH Comparison Compari	1	П	∩6961 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
DECEASED NAME (Type or print) DECEASED NAME (Type or print) PEAR L ARGE T S DATE OF BIRTH S DATE OF DEATH S DATE OF BIRTH S DATE OF BIR			CERTIFICATE OF DEATH	06958
(Type or print) PEARL A RACE A RACE S DATE OF BIRTH JOVE 9895 ABAGE (in years FJNORE HAR JUNOISE 24 HARS. LOST DISTORES LOST DIST	. 2			25 HOUR
3 SEX 4 RACE White S DATE OF BIRTH S DOUNTY OF DEATH HAR FORD S DIVORCED INDUSTRY LL SA S DATE OF BIRTH S DATE OF BI	to Topic		(Type or print)	D 31
130 US.A. RESIDENCE (Where deceosed sized, if institution, Residence before 130 (CITY OR TOWN) 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d institution of Residence before 13c (CITY OR TOWN) 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13d inside CITY LIMITS? 13	de de			1969 8 AM
130 US.A. RESIDENCE (Where deceosed sized, if institution, Residence before 130 (CITY OR TOWN) 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d institution of Residence before 13c (CITY OR TOWN) 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13d inside CITY LIMITS? 13	\$ 100 m	3 3	I byte of digiti	
130 US.A. RESIDENCE (Where deceosed sized, if institution, Residence before 130 (CITY OR TOWN) 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d institution of Residence before 13c (CITY OR TOWN) 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13d inside CITY LIMITS? 13	S. Fig. 7	L	TEMALE White JUNE 9,1893	
130 US.A. RESIDENCE (Where deceosed sized, if institution, Residence before 130 (CITY OR TOWN) 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d institution of Residence before 13c (CITY OR TOWN) 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13d inside CITY LIMITS? 13	\$ 30 A	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED TO NEV	
130 US.A. RESIDENCE (Where deceosed sized, if institution, Residence before 130 (CITY OR TOWN) 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d institution of Residence before 13c (CITY OR TOWN) 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAURE delegate 15th NO 12d inside CITY LIMITS? 13e STREET AND NUMBER 13d inside CITY LIMITS? 13	4 h lin rers 72h	(0,		1.34
130 US.A. RESIDENCE (Where deceosed sized, if institution Residence before 13c, CETY OR TOWN 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAVRE de Conditions, if only, which gove 13c CONSEQUENCE OF 13c CETY OR TOWN 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAVRE de Conditions, if only, which gove 13c CETY OR TOWN 13d inside CITY LIMITS? 13e STREET AND NUMBER 13d inside CITY LIMITS? 13e STRE	illec	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INST.TUTION (if not in hospital 120 USJAL OCCUPATION (Kind of work)	
130 US.A. RESIDENCE (Where deceosed sized, if institution Residence before 13c, CETY OR TOWN 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAVRE de Conditions, if only, which gove 13c CONSEQUENCE OF 13c CETY OR TOWN 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY HARFORD HAVRE de Conditions, if only, which gove 13c CETY OR TOWN 13d inside CITY LIMITS? 13e STREET AND NUMBER 13d inside CITY LIMITS? 13e STRE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1/	HAURE OF CARE HAPER A MARRIED HOSP STARE KEEPER HAUSE	INDUSTRY W.SA
The part of the pa		130	o: USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c ,CETY OR TOWN	ER
The state of the s	1. See 3 / See	odn	MISS ON) STATE Md 136 COUNTY HAS FORD HAURE do Conce YES & NO 1 991 Chros	APROKE Dewa
TEORGE WOODSING THE WAS DECEASED EVER IN US ARMED FORCES? 160 WAS DECEASED EVER IN US ARMED FORCES? Yes, no, or unknown) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY. 19 DUE TO OR AS A CONSEQUENCE OF 10 DUE TO, OR AS A CONSEQUENCE OF 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 210 ACCIDENT WAS UNDERLYING 211 ACCIDENT WAS UNDERLYING 212 ACCIDENT WAS UNDERLYING 213 ACCIDENT WAS UNDERLYING 214 ACCIDENT WAS UNDERLYING 215 ACCIDENT WAS UNDERLYING 216 ACCIDENT WAS UNDERLYING 217 ACCIDENT WAS UNDERLYING 218	d composition	(4	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Mid-	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 177 DEGRMANT 167 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 177 DEGRMANT 167 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 177 DEGRMANT 167 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 177 DEGRMANT 167 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 177 DEGRMANT 167 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 177 DEGRMANT 167 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 177 DEGRMANT 167 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 177 DEGRMANT 167 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 177 DEGRMANT 167 WAS DECEASED EVER IN U.S. ARMED FORCES? 167 WAS DECEASED EVER IN U.S. ARMED FORCES. 167 WAS DECEASED EVER IN U.S	be in			HEEM
Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes, wall knifes or serves) ((1) yes gave wall condested or serves) Yes, no. or unknown) ((1) yes, wall knifes or serves) ((1) yes,	rian cand		10. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 DECEMBER 1 2 2 1 A Addr	
The part of the pa	iffice nysin		Yes, no, or unknown) (11 yes give war or doines or service) 18.9-07-8627 (10 Athles 6 Alicales Conservi	mar Md. nos
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF INSERT TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 4 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 4 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 5 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 5 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 5 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PAR	rert p ph nov		IR CALLSE OF DEATH (Face only one on the face) the	APPROX MATE INTERVA.
DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove mise to mise do mise to	a in the second		PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
DUE TO OR AS A CONSEQUENCE OF (c) Conditions, if ony, which gove inset to mmed of ecouse (a), storing the underlying couse lost of mind of ecouse (b). Storing the underlying couse lost of mind of ecouse (b) and the underlying couse lost of mind of ecouse (b). Storing the underlying couse lost of mind of ecouse (b) and the underlying couse lost of mind of ecouse (c) and the underlying couse lost of mind of ecouse (c). The principle of the terminal disease or condition given in part I(a) NOTE: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNOR TO THE TERMINAL DISEASE OR CONDITION GOVERNOR TO	ded mili ar		, IMMEDIATE CAUSE (0) Linemeta	2 days
The part of the constitution of the constituti	at at me			1
Storing the underlying couse (c)	t the third the transfer of th			121.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIB	Fig. 5 Fig.		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	1./ 20
PART 2 OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 T ME OF INJURY 190 DATE OF OPERATION 216 T ME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 T ME OF INJURY 190 DATE OF OPERATION 216 T ME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 T ME OF INJURY 190 DATE OF OPERATION 216 T ME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 T ME OF INJURY 211 INJURY OCCURRED 216. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote 220. 1 certify that (1) (this hospital) attended the deceased from 190 T ME TOWN 190 T ME	sicilar in the sicila		- White and the commentation	mineto
NO DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 196 CONSIDERED WAS UNDERLYING CAUSES OF DEATH? 190 DATE OF OPERATION 196 CONSIDERED WAS UNDERLYING CAUSES OF DEATH? 190 DATE OF OPERATION 196 CONSIDERED WAS UNDERLYING CAUSES OF DEATH? 190 DATE OF OPERATION 196 CONSIDERED WAS UNDERLYING CAUSES OF DEATH? 190 DATE OF OPERATION 196 CONSIDERED WAS UNDERLYING CAUSES OF DEATH? 190 DATE OF OPERATION 196 CONSIDERED WAS UNDERLYING CAUSES OF DEATH? 190 DATE OF OPERATION 196 CONSIDERED WAS UNDERLYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING CAUSE OF INJURY OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 211 DATE OF OPERATION 196 CONSIDERED WAS UNDERLYING CAUSES OF DEATH? 212 DATE OF OPERATION 196 CONSIDERED WAS UNDERLYING CAUSES OF DEATH? 213 DATE OF OPERATION 196 CONSIDERED WAS UNDERLYING CAUSES OF DEATH? 214 DATE OF OPERATION 197 DATE OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 215 DATE OF OPERATION 197 DATE OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 216 DATE OF OPERATION 197 DATE OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 217 DATE OF OPERATION 197 DATE OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 220 DATE OF OPERATION 197 DATE OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 221 DATE OF OPERATION 197 DATE OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 222 DATE OF OPERATION 197 DATE OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 223 D	क्रिय हुई के		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
196 Date of Operation 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS DERED IN CERTIFYING CAUSES OF DEATH? 21b and a part of the p	ing ing	Ιz		
YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING OR COMPRED INJURY HOUR A.M. Month Day Year 19 211 INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem 18.) 212 INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem 18.) 213 INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem 18.) 214 LOCATION Street or R.F.D. No. City or Fown County Stote of While of work work of the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	end s be	Iğ	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FIND	NGS CONS DERED IN CERTIFYING
216 ACCIDENT WAS UNDERLYING 21b T ME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Hem 18) The part of the pa	등 등 등 등 시	IĔ	YES NO CAUSES OF DEATH?	
To country of the cou	n age of a			ort 2, Item 18.)
21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work at work 220. I certify that (I) (this hospital) attended the deceased from	CA Figure 1974 Figure 1974 Fig	3	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year	· ·
While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 19 to 19 4 31 , 19 69 , that (I) (we) las	YSI rasp cert cher	8		County State
220. I certify that (I) (this hospital) attended the deceased from, 19 to	PH The Ph		Transfer Tra	1
5-2 f-25	N			19 69 that (1) (wa) last
sow the deceased give on Way 37 1969, and that in (my) (our) apinion death accurred on the date and hour and from the	Afr Ab Ab Bob Bob		saw the deceased glive on MA4 3/ 1969, and that in (my) (our) animon death accorded on the	ne date and hour and from the
causes stated above, (I) (we) (aid) (did not) yiew the bagy after death.	the State of the s		causes stated above, (I) (we) (aid) (did not) yiew the bagy after death.	
22b SIGNATURE (U) ATTENDING THE MED STAFF 22c DATE, SIGNED	A S D S S			22c DATE SIGNED
OBOREE PHYS DEGREE PHYS DIRECTOR DIRECT	be 3 Red of ed a second		Colored Stemon DEGREE PHYS DIRECTOR DIRECTOR PHYS	5/31/69
DEGREE PHYS DEGREE PHYS DIRECTOR DIRECT	Pog Pog effil		102 HZ (Total) []]	1 - 11
NAME (Type) EDWARD J. SI KNOH HAURE DE GRACE, M.J.	SPII 4 m leR,	L	HAMILIADE SIKKON KAUKE DE GERA	CE, NO.
9 5 5 6 230 BURIAL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY (C typ or Town) (County) (State)	O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shault shauld be filed with the	230	O BURIAL CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY (0 23d LOCATION (City or Town)	(County) (State)
	5 5 5 € 2 1		BURIAL JONE 2/969 BELHIR WEMORIAL TRODENS BELAIR	HARTERD MO.
BENDYAL (Specify) JUNE 2/969 BELAIR MEMORIAL TRODENS BELAIR HARTERD MO.		24,	FUNERAL DIRECTOR , CALL STATE ADDRESS 250 RECD BY REGISTRAR 256 REGIST	RAR S SIGNATURE
THE ASSESSMENT OF THE PROPERTY	VP A14 Paul			



MARYLAND STATE DEPARTMENT OF HEALTH 06962 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06959 CERTIFICATE OF DEATH DECEASED NAME Eist Last 20 DATE OF DEATH and 2 deoth. 25 HOUR executed within 24 hours after death (Type or print) Month Arco 4 RACE 3 SEX S. DATE OF BIRTH 6. AGE (It years last birthday) IF LINDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS DECEMBER 2, 1914 7a BIRTHP, ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED T NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [DIVORCED IX 10 CITY OR TOWN OF DEATH NAME OR HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BLSINESS OR during most of working life, even if retired) INDUSTRY corbon DISDATEHEY QUACES event, 13a USUAL RESIDENCE (Where deceased lived; if institution Residence before 13d INSIDE CITY JIM TS? 13e STREET AND NUMBER 136 CITY OR TOWN COUNTY BAllimorE Co. adm ssign) STATE emove 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle please rem HAMILTON 99 -John Atime GrEHA LEE the deoth certificate 19422 Address LINE HUNGTON BENEY CALIFORNIA PROY 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT DANSINGE Yes, na, or unknown) (fives give wor or dotes of service) 216-30-1251 Mrs, ElAINES, MORGAN THE CAUSE OF DEATH (Enter only one couse per fine for (d) (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Carditians if any which gave t burial-transit toot rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause paubis last. PART 2 OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING this certificate has CAUSES OF DEATHS YES [NO 3 21g ACCIDENT WAS UNDERLYING 216 TIME OF NURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 5 OR CONTRIBUTING CAMPS OF DEATH HOUR A.M. Month Day. (If either, notify medical examiner) 21d IN. JRY OCCURRED... 218 PLACE OF INJURY (AF HOME FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City of Town County State While Not white O FUNERAL DIRECTOR: couses stated above, () (we) (did) (did not) view the body ofter death 226 SIGNATURE 22c DATE 5 GM/D **ATTENDING** director, page shauld be filed DIRECTOR PHYS PHYS 22d PHYSICIAN S 22e ADDRESS NAME (Type) 23d LOCATION (City of Town) 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION, (County) (State) REMOVAL (Specify) May 23, 1969 DEER CLEEK WELL CH, CEM Forest Hill Unrford Co Maryland 21050 24 FUNERAL DIRECTOR to Breading & Continues st. Jeceph william Foster BEI Air Thompsond 21014

14	0.00	1.45	DIVISION OF VI				IENT OF HE REET, BALTIN		YLAND 21201		
l	0690	าง			CERTIFIC	ATE OF	DEATH			069	960
	. DECEASED NAME (Type or print)	First Stephen		M ddle	Sta	last niec		2a. DATE OF		Day 69 Year	2b. HOUR 0630aM
ĺ	. SEX		4 RACE			5 DATE OF B			6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HDURS MIN
ļ	Male		Caucasi		1-		cember		last birthday)		THE SALE WHILE
ı	o BIRTHPLACE (Statements)	-	United		B. MARRIED WIDOWED	NEVER MAR	RCED 9	COUNTY OF	oford		Md
ľ	O. CTY OR TOWN O		11 NAME	OF HOSPITAL OR INS	TITUTION (fr		120 USUAL during mass	OCCUPATION	(Kind of work day ife, even if retired	ne 12b KIND OF 1) INDUSTRY	
	Access 1 CTATE	E (Where decease	fived, if institution		13c CTY OF Abin		136 INS DE CITY DIMIT	15º 13e. STi	REET AND NUMBER	- Harve R	3
	4 FATHER'S NAME	First	Middle	lost	4		A.DEN NAME Firs	y 017	Longbar		Inst
ı	Alex	7 11 31	7/100/0	Stanie	1		ctoria		miode		oria
İ	6a. WAS DECEASED		and described and	b. SOCIAL SECURITY I	NO. 17.	INFORMANT			Address		
Į	Yes no or unknay	Oct	1000 S	15-38-940	66	Dolly	Staniec	611 I	ongbar	DOCUME Rd	Abingtor
	rise to immed stating the un lost PART 2 OTHER	ny, which gave at a cause (a), derlying cause	(b)M	CONSEQUENCE OF etastatic CONSEQUENCE OF ronchogel G TO DEATH BUT N	nic Ca	rcinoma	Expect		I IN PART 1(a)		
	19a. DATE OF OF	ERATION 19b. CO	ONDITION FOR WHICH	OPERATION WAS PE		20a. AUTO	NO 🗔	CAUSES	OF DEATH?	S CONSIDERED IN C	ERTIFYING
	TOR CONTR BUTIN	WAS UNDERLYING G CAUSE OF DEATH medical examine	HOUR A.M. A	Manth Day Year	,			nature of injur	y in Part 1 pr Part	2, Item 18.)	
	While Not		LACE OF INJURY (AT					,	ar Tawn	County	State
	causes	stated abave,	hospital) ettend ve an May (I) (we) (did) (dii	led the deceose l d not) view the	d fram 9 an bady after	d that in (m deoth.	y) (aur) apıni	on death a			(I) (we) last ond from the
	22b. SIGNATURE	la M	Url	Jalle	DEGI	11113		ECTOR	STAFF PHYS	8 May 69	
	22d PHYSIC AN NAME (Typ	e) CARLO	M. DELV	*					spital, A	.PG, Md.	
	3a BURIA., CREMA REMOVAL (Speci Burial	May	12, 1969	APG Cet			Į.	berde	N (City or Town)	((aunty)	(State) Md.
	4. FUNERAL DIRECT		s & Son	AUDKE 72			DATE MAY		69	RS SIGNATURE	yes -



	1	E			ID STATE DEPARTMENT OF		
		t	06964		301 W. PRESTON STREET, BAL		000
	1				CERTIFICATE OF DEATH	U	6961
	± −2±		ECEASED-NAME First	Middle	Last	2a DATE OF DEATH	Yegr C 130 2.
	ded ded	l '	Type ar pant)	aura.	laulos	Month Doy	1 Year of 130, 3M
	after death he funeral jes Land a	3. 5	EX	4. RACE	S CATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF JINDER 24 HRS
	cours after death by the funerol Roges Land 2 hours after death			W	1tugust 25	1877 lost birthday) YRS.	MONTHS DAYS HOURS MIN
	n by	7a (0)	BIRTHPLACE (State for fareign nitry)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	11 0
	S. ed ope	-	CITY OR TOWN OF DEATH	11 A MARE OF HOSPITATION IN	WIDOWED DIVORCED DIVORCED LS.	Flacter	d G. Wq
	The law requires that the death certificate be executed within \$\infty\$, cours attending physician and completely filled in by 'the bariol-transit permit. Then please remove carbon papers. Post the prior to buriol, cremotian, or removal, and in any event, within 72 hours.	"	Taure de Gr	give street address)	Wemoria during r	JAL OCCUPATION (Kind of work dane most of working life, even if retired)	13P KIND OF BUSINESS OR INDUSTRY
	plete carb	13n odn		sed lived, if institution Residence before	13c CITY OR TOWN 13d INS DE CITY	1 MITS? 13e STREET AND NUMBER	(1) year 15 mg)
	com com com com com com com com		/1/4	17actora	CALCO.	NA /	DOX 233
	\$ 1 m = 5	14.	FATHER S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME		Last
		160	WAS DECEASED EVER IN U.S. ARI		NO 17 INFORMANT GOW 452-		
	hysical	100	(es, na, ar unknawn) (ir yes green	var or dates of service) 220-50-356	1	STEET, MAN	233 19-1121154
	Cert The plant		18. CAUSE OF DEATH (Enter or	y ane cause peryline for (a), (b) and (c)	1 -21/42	n	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	attending permit. The		PART I DEATH WAS CAUSE	D BY ATE CAUSE (0) Foling 1 V	2 Bilateral	Premonia.	SECURE DISE AND DEATH
	e de atte serr		.√ X	DUE TO, OR AS A CONSEQUENCE OF	- 2 /	1	
	the the sit property		Conditions if any, which gave	(b)	" Septicer	ma	
	thoran. by ran; ran; crem		rise to immediate couse (a), stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF	1		
4	sicic sicic ol-t		last	(c)			
1.5	equires physicio signed I buriol-tr		PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(g)	
1	ing ing sen sen she	3	Cardia	Meconyay sat-	in sac to ler	levi o otletos 8.	
0	end end s be os t orror	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	REORMED 20a AUTOPSY?	206. F YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	The at the the the the the the the the the th	E			AEZ WO	_	
	N: l or cote or e		210 ACCIDENT WAS UNDERLY!		21c HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 2, I	Item 18.)
	Pitch Pitch of fi	EDICAL	(If either, natify medical exami	ner) PM 1	9		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be deflacted for use as the buriol-transit permit. Then should be filed with the State Dept of Health prior to buriol, cremotian, or remova	W	21d. NJURY OCCJRRED 21e. While hat while at wark	PLACE OF INJURY (AT HOME FARM, STREET FAR OFFICE BUILDING, ETC	CTORY,) 21f LOCATION Street or RFD N	a. City or Town	County State
	DING After 1 After 1 be do			is hospital) attended the decease	ed from 5 = (0 .19	69 to 5-1/ 19	(a 2, that (I) (we) lost
	NDI d b d b d b d b		saw the deceased o	live on1	9, and that in (my) (our) as	oman death accurred an the da	te and hour and from the
	Series Series	1		e, (1) (we) (did) (did nat) view the	bady ofter death.		
	R A returned with with	-	221/ SIGNATURE	- V:0 11x	DEGREE PHYS	MED STAFF	DATE S GNED
	Page Page /		DENVEY. LU	unaject , 141)		DIRECTOR PHYS LI	111109
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		NAME (Type)	TE W. MONAKIC	, MID, 230 ADDRESS UN	un Aug Harre	deliver, Ind.
	HOS ge 4 FUN ecte	23a	BURIAL, CREMATION, 236	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	5 5 5 P	-	PREMOVA. (Specty)	173 14, 1969 BEI Hir	Wemonial Gardens	BEI Hir, Harroad C	6. Maryland 21014
	VR AIS IN	24	FUNERAL DIRECTOR	w. Brondcon all	williams St. 250, RECO	BY REG STRAR S. 25b REG STRAR S.	SIGNATURE
	45M - 1 (39V		Joseph william to	Ster BEI Air MAMILE		1 0 1303	A STATE OF THE STA



1-10		5/20/(9):MARYLAND TION OF VITAL RECORDS, 30	STATE DEPARTMENT OF I W. PRESTON STREET, BAL	HEALTH TIMORE, MARYLAND 21201	
FOR STATE	06965		MINER'S CERTIFICATE		06962
HEALTH DEPT.		First Mid		\ \C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	VN Manth Day Year 26 HOUR
Page Page	10	OBERT E		D (1111)	D OTTETTOMET 10 V
y delay and 3 PM3. Pa	3 SEX 4 RACE	s date of Birth 14 Dec. 1899	6 AGE (In years if JNDER 1 YEAR toy) MONTHS DAYS	HOURS MIN 24 HRS 2C. DATE PRONO Month	DUNCED DEAD Day 10 Year 69 2d HOUR
e Dep	70 BIRTHPLACE (Stole or foreign country) Penna.	75 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MA WIDOWED DIV	ARRIED 9. COUNTY OF DEATH /ORCED 1911 Harfo	•
rs after death any delay delay delay Give Pages 1, 2, and 3 e alany with farm PM3. Page 2 with the State Deportment death	130 USUAL RES DENCE (Where de odmission) STATE Md	g ve street oddress) sceosed lived, if institut on Residence 13b. COUNTY	A. OR .NSTITUTION (If not in haspital the percentage of the control of the contr	during most of working life ev	rightneon 12b Kind of Bus Ness or Industry Govt.
hat. Office of fer	14. FATHER'S NAME First Unknow	Middle	Last IS. MOTHER'S MA	AIDEN NAME First Unknown	M.ddle Last
within 24 pencil in xaminer's le pages 72 haurs	160 WAS DECEASED EVER IN U.S. ARM (Yes, no. or unknown) (II w	MED FORCES? s gives war or dates of service)			obress Owingo, Maryland
should be executed should be executed in a the Chief Medical E burial-transit permit. Fin any event within	PART I. DEATH WAS CA IMA Conditions, if any, which go rise to immediate cause (stating the underlying cau lost.	DUE TO, OR AS A CONSECU- (b) DUE TO, OR AS A CONSEQU	pestive H	Least Fi.	
	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS	.96 (ONDITIO WAS PERI 216 TIME OF INJURY Month		DCCJRRED (Enter nature of Injury in Pa	20. AUTOPSY? YES NO YES NO
INER: le certil should files 3 shaul nation,	PRIMARY OR CONTRIBUTI CAUSE OF DEATH 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	NG HOUR A.M P.M. PLACE OF INJURY (At home, farm, factory, office building, etc.)	19 street, 21f LOCAT.ON Street	et or RFD No City or Taw	rn County State
TO DEPUTY DICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health priar to burial, crem	ACTUAL SIGNATURE LEXAMINER'S NAME (Type) 230 BURIAL REMATION	236 DATE 236 N Lou Tarring	Accident , Suicide , CH CH M D ASI	Hamicide, Undetermine HIEF MEDICAL EXAMINER SSISTANT MEDICAL EXAMINER PLITY MEDICAL EXAMINER DDRESS(Street, city lown or county) 23d LOCATION (City or Desire) Baltimo:	Inquiry A, and in my apiniar ined manner Debate Signed Ad- 22b DATE SIGNED Ad- 22b DATE SIGNED Ad- 27b DATE SIGNED (State) Bel Air, Md. ar Tawn) (County) (State) Tel Lary Land be REGISTRARS SIGNATURE



	1		tems1&23per telephone MARYLAND STATE DEPARTMENT OF HEALTH	
		C	all from F.H. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1	1		06966 CERTIFICATE OF DEATH 06	963
	∉ −2=		DECEASED-NAME First Middle Light Veilleux 20 DATE OF DEATH	
	er death. funeral 1 ond 2	Ľ	(Type or print) LAURA CORNELIA WHILLIAM MAN Month Do	Yeor 6 2b. HOUR
	fur fur fer or	3 5		IF UNDER 1 YEAR IF UNDER 24 HRS
	E 2 35	1	FEB. 22, 1895 Of SETT OF BIRTH STATE OF BIRTH TO	MONTHS DAYS HOURS M.N.
	Sun A Sun	70	BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	E (= 2.5)	KOL	Untry) URRANIA USA WIDOWED DIVORCED HARAS R	A
	filled in thin 72 thin 72 thin 72	10.	CITY OR TOWN OF PEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspital 1/20 USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	cuted within 2 ompletely filler ve carban par event, within	1	HAURE SE GRACE HARFORD MEMORIA (John Marking life, even if retired)	
	ed v	13a	SUAL RESIDENCE (Where deceosed lived, f institut on Residence before 13c CITY OR TOWN 13d Mode CITY LIMITS? 13e STREET AND NUMBER	9, 9, 600
	completely cove carbon y event, wi	aan	THISSION) STATE Md. 136 COUNTY COCIL FORT DEPOSTYES NOW LINTON RO	IN Road
		14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
	70=	L	John Methal Massie Leah	MCGINNIS
	on great		O WAS DECEASED EVER IN U.S. ARMED FORCES? John SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, grunknown) (II yes give wor or dates of service)	
	physicion physicion nen please lovol, ond	L	Yes, na, of unknown) (Il yes give wor or dates of service) 578-05-1030 MRS GRACE BARROW, PORT	DEPOSIT, MD.
	I The	ı	1B. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	attending permit. The	L	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	2 home
	aff perf on,	ı	4/109 DUE TO, OR AS A CONSEQUENCE OF	3
	the the set national	ı	Conditions, if ony, which gove rise to immediate cause (a). (b) Vilentoclastic heart disease	5 Numan
	thot the lan. by the fransit p		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	equires that the physician. signed by the buriol-transit buriol, cremat		last, (c)	
11	phy sign bur		PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
6,	w r ding een the r to	8		
1/4	tend so by s	S	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
A	年をもの書	CERTIFICATION	YES NO CAUSES OF DEATH?	
	AN: of o icote far Hea			Item 18)
	SICI spit ertif ed ed of	MEDICAL	(If either, notify medical examiner) P.M. 19	
	PHYSICIAN: The low requires that the death certificate he hospital or attending physician. This certificate has been signed by the attending physician elatached far use as the buriol-transif permit. Then please beet, of Health priar to buriol, are mation, or removal, one	1 ~	21d INJURY OCCURRED While Not white of work at work 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town	County State
	the det			-1-
	DING d by t After d be d		22a. I certify that (I) (this haspital) attended the deceased from	6 1, that (I) (we) last
	TEN MR: Suld the	Н	causes stated abave, (1) (we) (did) (did not) view the body after death.	are and nour and from the
	AT Setal	ŀ	22b SIGNATURE (C) A C S I S	DATE SIGNED
	be be		DEGREE PHYS. MED DIRECTOR PHYS DIRECTOR PHYS DIRECTOR	5-18-69
	AL AL		22d PHYSIC ANS NAME (Type) 22e ADDRESS	. 1
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires Page 4 may be retained by the hospital or attending physici TO FUNERAL DIRECTOR: After this certificate hos been signed director, page 3 should be detached far use as the buriol-shauld be filed with the State Dept. of Health priar to buriol.		1 1 0 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	١) ،
	Share Share	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d + OCAJION, (Cry or JOHN) REMOVA. (Spec by) 5/21/1969 FORT LINCOLN CEM! 23d + OCAJION, (Cry or JOHN)	(Caunty) (State)
	5 5	24	praduitourk, r	G. Md. /O.C.
	VR AIS	Z4.	RALEH M DEED RISING SUN, MO, MAY DO 1000	urt 2
	170%	_	DAM*1A 1 2 U 1969 *	THE STATE OF THE S



. 1		0.00.02		MARYL	AND STATE I	PEPARTMENT OF	HEALTH				
		06967	DIVISION	OF VITAL RECOR	DS, 301 W. PR	PEPAKIMENT OF ESTON STREET, BAI ΔΤΕ ΟΓ DFΔTH	LTIMORE,	MARYLAND 2	21201	3963	
- [.					CERTIFICA	TIE OI DEATH				7003	
- [EASED NAME First pe or print)	,	Middle	1.1	Lost	2a. DAT	E OF DEATH Month	/ Dov	Yeor /	2b. HOUR
-	SE.	H1/4	4. RACE	GROVET	5 WY	17ers	MA	4	6	69	do: M
ľ) 3L	Male	4. RACE	164		DATE OF BIRTH	-100	6 AGE (In	day) [FUNDER 24 HRS HOURS MIN
7	o B	RTHPLACE (State or foreign	75 CITIZEN C	OF WHAT COUNTRY?	18 HADDIED E	2017.20	O COUNT	OF DEATH	YRS.		
	coun	19d		USA	WIDOWED'S	4	7, COUNT	HARK	red		Md
	0.0	TY OR TOWN OF DEATH	a	11. NAME OF HOSPITAL O g ve street address)	11	during		∏ON (Kind of wo		126 KIND OF BE	JSINESS OR
1	30	ISUAL RESIDENCE (Where, decease	ed I ved, fin	Stitution Residence bef	ore 3c (IIY OR 1		Y LIMITS? 130	STREET AND NIL	JARER	Vay 0	loseth
, 0	dmi	sion) STATE Md.	13b COUN	ITY HARFER	& AAURE	de Gares	NO	125/1-6	Vael	house	in
	4 8	THERS NAME FIRST	Lew		Hers	MOTHER'S MA DEN NAME	Frst		M-ddle	0	LOS
- h		WAS DECEASED EVER IN U.S. ARI	AED FORCES?	16b SOCIAL SECUR		ORMANIA /		00.5	Address //	polino	tu de
-	-		rar or dates of servi	318-63	1444	effen N. le	dam.	Han	ede 6	hace &	nd
		8. CAUSE OF DEATH (Enter on PART DEATH WAS CAUSE	y one couse p	per ne for (o), (b) and	(c))		_			AFPROXIMA BETWEEN ONS	TE NTERVAL
	ı	// MMEDI	ATE CAUSE (o) .	ant "	Mandrol	warch	1			21	ions.
		7 / ○ 1 Conditions, if on∮, which gove)	DUE TO,	OR AS A CONSEQUENCE	OF CL CO.	0				0 —	}
	- 1	ise to immediate cause (a),	(b).	7 2 T	T U					20	years.
		toting the <u>underlying couse</u>	(d)	OR AS A CONSEQUENCE		to Juin				14	ian.
	- 1	PART 2 OTHER SIGNIFICANT COM	17,	RIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE OF	R COND TION (GIVEN IN PART 1(c	0)	1	
	<u> </u>	4		arl alm	~						
$\sqrt{ }$	EATI	9a DATE OF OPERATION 19b	CONDITION FOR	R WHICH OPERATION WA	S PERFORMED	200 AUTOPSY?		b IF YES, WERE F	INDINGS CO	NSIDERED IN CER	NEYING
	CERTIFICATION	To ACCIDENT WAS UNDERLYIN	Č (0) ===	IP OF BUILDING	12	YES NO	_	USES OF DEATH?			
		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A		eor 21c. HOV	/ INJURY OCCURRED (En	iter noture of	injury in Port 1 o	or Port 2, It	em 18.)	
		If either, notify medical examination of the second of the	PLACE OF INJU	P.M. JRY AT HOME, FARM, STREET	FACTORY, 1 216 10C	ATION Street or R.F.D. N	Mo	City or Town		Country	Fa-5-
	Į,	While Not while I work		OFFICE BUILDING ETC	1) 27. 200	A SHEET OF K.P.U. P		ניוץ טו ופאיח		(ounty	Store
		20. I certify that (I) (th	s hospital)	attended the dece	ased from	<i>+ - 11</i> , 19.	69, to	5-6	, 19	69, that (l) (we) last
		saw the deceased a couses stoted abave	, (1) (we) (c	did) (did nat) view t	19 <i></i>	that in (my) (our) o ath.	pinion deo	th occurred a	n the date	e and havr ar	d from the
	1	2b SIGNATURE		huan Ms					22c D	ATE SIGNED	
1			Min	mun	DEGREE	ATTENDING PHYS	DIRECTOR [□ STAFF E]		
		2d. PHYSIC AN'S NAME (Type)	W13	HYPH2	D	22e. ADDRESS 57	U4 du	vis th	ut H	ame Deg	100 101
2	30	CRIAL CREMATION, 23b	DATE /	23c NAME	OF CEMETERY OR 21	REMATORY /	23d 10g	AT ON (City or To	woi/	(County)	(Stote)
1	_	CEMOVAL (Specify)	19/69	9 fun	All / H	· El	11	uce o	dias	2. MI	
1/2	4	assignin of	Ja.	ADDIX	1 flee	250 REC'D	BY REGISTRA		GISTRAR S S	GNATURE	
12				, , , , , , ,		- LICK ADVIR T	. ~ 100	7		0	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06968 06965 CERTIFICATE OF DEATH 24 hours after death. death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a. COUNTY o STATE **b** COUNTY Harford Maryland Harford MARYLAND papers. Pages b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give pearest town) Cardiff yrs. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE and in any event, within 72 ON A FARM? Main Street Main Street YES NO 🎩 NAME OF First Middle Lost 4. DATE remaye carban Month Dov Year campletely DECEASED C. 19 69 Watson Agnes May DEATH (Type or print) executed S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED **NEVER MARRIED** lost burthdoy) Months Female Dec. 31, 1871 Cauc. WIDOWED DIVORCED gud 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12 CIT ZEN OF WHAT The law requires that the death certificate be during most of working life even if retired)
Housewife physician a Ien please INDUSTRY York Co.. Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or remayal, Henry Wilkerson Lucy Orman IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, po, or unknown) [If yes give wor or dotes of service 220-07-8668 Raymond Watson Whiteford, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician DUE TO Conditions, if ony, which gove use to immediate couse (a), DUE TO stating the underlying couse as the last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO 20o ACC DENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) O FUNERAL DIRECTOR: After this Hour o.m Not While foctory, street, office bldg., etc.) ot work at work 19 6 7that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram directar, page 3 shauld shauld be filed with the saw the deseased alive on Man 1969, and that death accurred at_ from causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED STAFF PHYS. May 10.1969 M.D 22c. PHYSICIAN'S 22d ADDRESS Delta, Pennsylvania 23d LOCATION (City or Town) 230 BUR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) (County) May 12,1969 Slate Ridge Cemetery Delta, York Co., Pa. 24. FUNERAL DIRECTOR **ADDRESS** 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Delta, Pa. VR A15 (4) John H. Harkins 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06969 06966 CERTIFICATE OF DEATH DECEASED NAME Middle Last First 2a. DATE OF DEATH and 2 death. requires that the death certificate be executed within 24 hours after death (Type or print) Month HATTIE PEARSON WEBSTER Mav ord campletely filled in by the fur reggove carban papers. Pages 1 in any event, within (72 mysraffer) 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF LINDER ? YEAR JE LINDER 24 HRS last birthday) White December 1. 1880 Female YRS 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED [] NEVER MARRIED [South Carolina Harford WIDOWED 527 DIVORCED [7] TISA and campletely filled remove tarban paper 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress)
308 Plumtree Road during mast af warking life, even if retired.) INDUSTRY Bel Air Dept.Store Saleslady 13a JSUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 13d. MISTOE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY 308 Plumtree Road Bel Air 14. FATHERS NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Ellen Jefferson Pearson Beason Thomas TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician directar, page 3 should be detached far use as the burial-transit permit. Then please sho≡Id be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and the state between the priar ta burial. 16b SOCIAL SECURITY NO. 17 INFORMANT Bel Air. Md. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, na, ar unknown) Miss Frances Beckelheimer. 308 Plumtree Road 248-10-7881 APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIO. BETWEEN ONSET AND DEATH CARDIO, RESP. FAILURE IMMED. DUE TO, OR AS A CONSEQUENCE OF 6 YRS ADVANCED ARTERIOSCIEROSIS + SENILITY Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes Page 4 may be retained by the haspital or attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 ₩0 🔲 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State White Not while at work OCT 1962, to 8MAY 22c. DATE SIGNED ATTENDING MED.
DIRECTOR STAFF PHYS May 9, 1969 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 401 Franklin St., Bel Air, Md. NAME (Type) Harvey P. Sidwell, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) St. Mary's Cemetery Emmorton Harford 25a. REC'D BY REGISTRAR REGISTRARS S GNATUR 24. FUNERAL DIRECTOR VR A15 (4) Howard K. McComas & Son, Abingdon, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



	_	- 1	4	rems2 trunchr2									
				06970		F VITAL RECORDS,				RE, MARYLAND 2	1201	0696	19
			Lte	1 100	4/69 kk		ERTIF	CATE OF I	DEATH			0030	
	death.		I DE	CEASED NAME First ype or pant)		Middle		Lost	20	. DATE OF DEATH	Day	. V	2b. HOUR
	r death			Marian		F	Wi	ggins		May	27 Doy	69 Year	1214pm
	iffer for the form		3 SE	(.	4 RACE			S. DATE OF BIR	RTH	6. AGE (In)	/ears	F UNDER 1 YEAR	IE UNDER 24 HRS HOURS MIN
	S F			Female		asion		11 Dec	1919	last birtho	YRS.	ONINS DAYS	HOURS MIN
	B 6		7o. 8 coun	RTHPLACE (State or foreign	7b. CITIZEN OF N	WHAT COUNTRY?	8. MARRIE	D 🔀 NEVER MARR	9. CO	DUNTY OF DEATH			
	4 4 as		N	orth Carolina	United	States	WIDOWE		CED 🗌 HS	rford			Md
	The law requires that the death certificate be executed within 24 hours after death attending physician. The lates been signed by the attending physician and completely filled to by the funeral rise as the burial-transit permit. Then please commone carban papers and one of the prior to burial, crematian, or removal, and in any event, within 12 hadis after death.	Y		TY OR TOWN OF DEATH	aiv	NAME OF HOSPITAL OR INS e street address)				CUPATION (Kind of wo f working life, even if r		12b KIND OF INDUSTRY	BUSINESS OR
	wit rba		A	berdeen PG. Md USUAL RESIDENCE (Where decess	• / [JS Kirk Arm	y Hos	pital					
	comple comple cove co	ď	idm.	sion) STATE	13% COUNTY		1		YES NO	13e STREET AND NU			
	\$ \$ \$ \$	ŀ		outh Carolina ATHER'S NAME First		Richland	Colu	mola j	X	2224 Cerm		iye	
	and complet		14 F;		Middle	Last		IS MOTHER'S MAI			Meddle		Last
	E S E	-	16	Bruton Was Deceased Ever in U.S. ARM	Benjar	nin Finkl			Kitty			Munr	<u> </u>
	SK. Deed	- 1	100 100	s, na ar unknown) (Il yes give v	at at gates of service?			INFORMANT	1 TT		ddress	D- 000	James de
	physician phose on please	ŀ	-	No		250-16-37		WILDUF C	. Wiggi	s, 2224 Ce	rmak		MATE INTERVA.
	ne death cei attending p permit. The			18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI	y ane cause per	line for (a), (b), and (c))						BETWEEN O	MISET AND DEATH
	dea tend mit			IMMEDIA	TE CAUSE (a)	Broncho Pn	eumon	ia				18 E	ours
	he at per		_	X8 7X	,	AS A CONSEQUENCE OF							
1	that the an. by the transit p			Conditions, if any, which gave t rise to immediate cause (a),	(b)	Aplastic A	nemia				-	5 M	lonths
1	tra by			stoting the underlying cause		AS A CONSEQUENCE OF							
O.	equires physicic signed burial-ti	- 1		last.	(c)								
rx	do physical signature of the physical signat			PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIB	BULING TO DEATH BUT NO	T RELATED	TO THE TERMINAL	DISEASE OR CONDI	TION GIVEN IN PART 1(c	1)		
0	din din a tre		<u>ĕ</u>	190 DATE OF OPERATION 1196	ONDITION FOR IS	/HICH OPERATION WAS PER	CODMEN	200 AUTOP	eva	20b. 1F YES, WERE FI	MDINGS COL	MEIDEDED IN C	ED TIE VIA O
	tren la		Z.	170 DATE OF OPERATION 170	OND TOK Y	TOTAL OFERATION WAS PER	TOKALD	YES X	NO 🗌	CAUSES OF DEATH?	MDING2 COL	ASIDEKED IN C	KIIFTING
	Tr.		CERTIFICATION	21g ACCIDENT WAS UNDERLYIN	G 21b. TIME	OF INSURA	21,			ire of mjury in Part L o	- David 2 Say	181	
	F F F F F F F F F F F F F F F F F F F			OR CONTRIBUTING CAUSE DE DEAT	HOUR A.M	. Month Day Year	1210	HOW INDOK! OCCU	INKED (EINEFIREIL	ire at mijury at ran i o	ron z, ne	iiri re j	
	rspi reprinted trad		₩1	(If either, notify medical examination of the control of the contr	er) P.M PLACE OF INJURY		11C / K401	LOCATION Street	or D.E.D. No.	City or Town		fount	State
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confirmed to director, page 3 should be detached for use as the burial-transit permit. Then please—senticly should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any			While Not while of work		OFFICE BUILDING, ETC.				·		County	
	a by the Affer a State		ı	22a. I certify that (I) (the saw the deceased a	s haspital) at	tended the decease	d from	26 May	, 19_69	, ta 27 May	, 19_5	9_, that	(1) (we) last
	ed ed lid		-1	saw the deceased a couses stated above	ive an 27	May 1	9 69 ., a	nd that in (my) (our) opinian	death accurred ar	i the date	e ond hour	and from the
	To the that the that the the the the the the the the the th		H	22b. SIGNATURE	, (±) (we) (uid	(total and) view ine i	Jouy one	r deoin.			1 00 BI	TE SIGNED	
	P FE S S S S S S S S S S S S S S S S S S	1		Canh 11.	10 1	-11,	DE	GREE PHYS	MED DIRECT	OR STAFF E		May 69	
	V V V V V V V V V V V V V V V V V V V	/	ŀ	22d PHYS CIAN'S	14-11 11	• 11 ,		22e. ADDRI		OK - PHIS C	1 20	Mary 03	
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	ű.			M. Del	valle				y Hospital,	APG,	Md.	
	UNI UNI acto	1	23o	BURIA. CREMATION, 23b			EMETERY C	METREMATARY	Cometan	TOTAL OCATION (C ty or To	wn) _	(County).	(State)
	Page of shape		1	REMOVA. (Special)	130/69	Notice	10/10	LKINGEN.		4/crouce	So	it of	Dodleric
			24	UNERAL DIRECTOR	1 1	1 GA PADDRESS	he	eral 1	2Sq. REC D BY REC		GISTRAR'S SI	GNATURE	
	VR A15 (4) 45M - 1/69	6	tt.	dole Macon	la St.	Harpe	- ale	octen	DALLUN	2 1969 40	Lecret	a One	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06971 06968 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First M ddle 2a DATE KNOWN Manth (Type or Print) REESE ESTI-WILLIAM WILLIAMS DEATH MATED delay and 3 4. RACE S DATE OF BIRTH 6 AGE (In yours IF UNDER 1 YEAR IF JINDER 24 HRS 2c. DATE PROMOUNCED DEAD 3 SEX and Jan. 5, 1908 Male White 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED MEVER MARRIED country) Maryland U.S.A. WIDOWED [DIVORCED [Harford the State 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital fice along with 12a USUAL OCCLPATION (kind of work done 126 KIND OF BUSINESS OR gve strategraphic Memorial Hospital Merchant (Self-emp) Havre de Grace 13a. USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE TY LIMITS? 13e. STREET AND NUMBER Route #2, Box 320 Maryland 13h COUNTY YES NO TO Harford Aberdeen II Kem 18 be executed within 24 hours 14 FATHER'S NAME IS MOTHER'S MA DEN NAME First M.ddle Alice (D) Kearnev William Reese Williams cate, writing the ward "pending" in pendit in be forwarded to the Chief Medical Examiner's hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** 216-03-0110 Hazel R. Williams. Aberdeen. Maryland E within 72 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Occlusion IMMEDIATE CAUSE (a) COTO NOT event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, If any, which gave rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 remayal, be used CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year ö 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) shauld Page 4 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d NJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.E.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection A Inquiry AA, and in my apinian the funeral director. death resulted fram: (Natural causes A. Accident Suicide , Hamicide Undetermined manner CHIEF MED CAL EXAMINER **ACTUAL** 226 DATE SIGNED 9 May 1969 ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Gerald C. Palmer, M.D. ADDRESS(Street, Gty, town, or county) Bel Air, Maryland NAME (Type) 23g BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) 11 May, 1969 Harford Memorial Hardens | Aberdeen (Harford) Maryland arring Posteral Home 25a RECD BY REGISTRAR 25b REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR Aberdeen, Md. 21001 Ochontes 1969



13 -	1	MARYLAND STATE DEPARTMENT OF HEALTH	
73	г	06972 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	L	CERTIFICATE OF DEATH 0696	9
er death. funeral 1 and 2 ter death.		DECEASED NAME First Middle Last 2a. DATE OF DEATH (Type or print) F 1 a F 1 z a Deth 1) Craft Month Day Year	2b. HOUR
24 hours after death ed in by the funeral pages 1 and 37 72 hours after death	3. 5	SEX 4. RACE S. DATE OF BIRTH November 29, 1900 6. AGE (In years last birthday) Movins DAYS	IF UNDER 24 HRS. HOURS MIN
thours		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED VIDVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED	
ithin 24 filled an paper within 7.	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done lize kind of work done lize kind of during most of working life even if retired) NONITED INDUSTRY	F BUSINESS OR
executed within a campletely fille mave carbon parany event, within	13o. odn	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence betone 13th CITY ON TOWN 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY)	lome
a ping a	14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost or 1
physician of the place of the please aval, and it	160	O. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give wor or doins of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Howard Oliver Sr, Aberdeen, M.	oe tel
phy ava	-		ICI .
OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted be retained by the haspital or attending physician. JIRECTOR: After this certificate has been signed by the attending physician and acted is shauld be detached for use as the burial-transit permit. Then please remained with the State Dept. at Health prior to burial, crematian, ar remaval, and in any		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Source Positive Failure APPROXIMATE CAUSE (a) Source Positive Failure APPROXIMATE CAUSE (a) Source Positive Failure	ONSET AND DEATH
at the at the at 1.5it per matian		Conditions, if any, which gave is to immediate course (o). (b) MutaState Spread of Ca.	
equires that physician. Signed by burial-tran burial, crer		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF Through & Through	
w required by the bunt of the bund of the	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (20) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
PHYSICIAN: The law re he haspital or attending this certificate has been etached for use as the Bopt. af Health prior ta	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN C CAUSES OF DEATH?	ERTIFYING
ICLAN: bital ar rificate d for u	MEDICAL CE		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior ta	ME	21d. INJURY OCCURRED While Nat while of work at work at work at work at work at work at work while work at wor	State
NDING sd by t ffer dd be d		22a. I certify that (1) (this hospital) attended the deceased fram 5-36, 19-64, to 5-37, 19-64, that saw the deceased glive an 19, and that in (my) (our) apinian death accurred on the date and hour	t (I) (we) last and from the
R ATTEND retained reCTOR: A 3 should with the		causes stated abave, (I) (we) (did) (did nat) view the body after death.	/
be resided will be willed will		Family, Monacel, MD, DEGREE PHYS. DIRECTOR DIREC	hy,
D HOSPITAL OR ATTENDING Page 4 may be retained by the FuneRAL DIRECTOR: After director, page 3 shauld be a shauld be filed with the State		22d. PHYSICIAN'S NAME (Type) DANTE U. MONAKICAD 22e. ADDRESS. Kman Arci. Harrede Gr	- /hel.
TO HO Page TO FU direc		a. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 29 May 1969 Spesutia Cemetery Perryman, (Harford Co	(State)) Md.
VR A15 AV		FUNERAL DIRECTOR ADDRESS ADD	
45M · 1/69	1	Tarring Funeral Home, Aberdeen, Md. 21001 DAIE	se.

. Eller Blacker to Man His mesonal contract that a little contract all at a special and territor attract and the second second THE THE SECOND PROPERTY OF THE PERSON OF THE Burbar 18 ber 1902 in company to entres the contract of the co Age of the EQS is one while a cell farmer Contract.

1		06973	DIVISION OF VITAL REC	ORDS, 301 W. PRE		TIMORE, MARY	'LAND 21201 (8469	
The state of the s				CERTIFICA	TE OF DEATH				
rol nd 2 eath.		ECEASED-NAME (ype or print)	A		else	nau May	EATH Manth 3 Doy	69reor	25 HOUR 4 30 M
r de	3. 51		4. RACE		DATE OF BIRTH	muer	AGE (In years		IF LINDER 24 NRS.
s afte	0. 3.	Female	Caucasia		Sept 12	1880	lost birthday) YRS.	MONTHS DAYS	NOURS MIN.
n by	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED DIVORCED	9. COUNTY OF D	1.		
Popular 24	10 (CITY OR TOWN OF DEATH	111 NAME OF HOSPIT	AL OR INSTITUTION (If not		UAL OCCUPATION (I	Cind of work done	12b, KIND OF B	Md.
within bloom in the state of th	A	berdeen, M	give street oddress)	K Army	during during	mast af warking lif	e, even if retired.)	INDUSTRY	OSHIE JO OK
ore be executed within 24 hours after death. Vian and completely filled in by the funeral lease remove carbon papers. Pages 1 and 2 and in any event, within 72-redus after death.		USUAL RESIDENCE (Where decer issian) STATE	ased lived, if institution: Residence	before 13c CITY OR TO	II ure rem	NO 13e. STRE	ET AND NUMBER HULSIC	ha Dd	
mov nny o	14.	FATHER'S NAME First	Middle		MOTHER'S MAIDEN NAME	First	Middle	N FIX	Lost
Jin of I		Frank	- Ka	el	1 renet	Known	2.	_	
requires that the death certificate be executed within 24 hours after death a physician. signed by the ottending physician and completely filled in by the funeral burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, ar remavol, and in any event, within 72 hours after death a burial.		(es, na, ar unknawn)	RMED FORCES? (wor or dotes of service)	CURITY NO. 17. INF	Theodor	n Ross	Address Kr	nysor	Ele
Then The		18. CAUSE OF DEATH (Enter I	only and cause per line for (o), (b),	and (c).)		1			ATE INTERVAL SET AND DEATH
ne death cer ottending p permit. The		PART I. DEATH WAS CAUS	ED BY: DIATE CAUSE (o)	Pirator	y ta	ilure	2	one	week
he off per tion,		Canditions, if any which gave	DUE TO, OR AS A CONSEQUE	1	Artori	oscle	rosis	12 Ye	ars
n. y. the onsit j		rise ta immediate cause (a) stoting the underlying cause	(b) C C		// / / C/-	- 20 / 0		-	
aquires the physician by signed by burial-tro		last.	(c)						
equires that the physician. signed by the burial-transit burial, cremati		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO 1	HE TERMINAL DISEASE OF	R CONDITION GIVEN	IN PART 1(o)		
The law ratending hos been se os the	TION	190, DATE OF OPERATION 19	o. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o. AUTOPSY?	20b. IF Y	ES, WERE FINDINGS CO	NSIDERED IN CER	RTIFYING
The affect of the property of	CERTIFICATION				YES NO [CALIFEE C	OF DEATH?		
YSICIAN: aspitol or certificate the for us	MEDICAL CER	21 g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSEDED	ATH HOUR A.M. Month Day	Year	INJURY OCCURRED (En	fer noture of injury	in Port 1 ar Port 2, It	em 18.)	
Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician. Agrector, page 3 shauld be detached for use as the burial-transit permit. Then physicial be filled with the State Dept. of Health prior to burial, cremation, ar remavel,	WED	While Not while	e. PLACE OF INJURY (AT NOME, FARM, OFFICE BUILDING	STREET, FACTORY.) 216. LOCA	ATION Street or R.F.D.	No. City o	r Town	County	State
bing by th lifter the be de State		22a. I certify that (1)	his haspital) attended the o	leceased from_2	1 april, 19	69, ta 3	1 May, 19	69 , that-	(H) (we) last
ATTENDI ATTENDI Strand between Strangle between African Africa		saw the decensed	alive on 31 may ve, (1) (we) (did) (did not) vie	19 64 and	that in (sev) (our) o	pinion death oc	curred on the dat	e ond hour o	nd from the
O HOSPITAL OR ATTENDING PHY Page 4 may be retained by the h O FUNERAL DIRECTOR: After this director, page 3 shauld be detoc		22b. SIGNATURE	01/11/0 00	VANIC	ATTENDING	MED.	STAFF MY 2	ATE SIGNED	69
AL OI by be L DIR		22d. PHYSICIAN'S	CLOIDE OF	PVAC DEGREE	PHYS. 22e. ADDRESS	DIRECTOR L	PHYS. A	moon	0/_
SPIT, 4 mc or, 6		NAME (Type)							
F.G. HO	230	BURIAL, CREMATION, 23b REMOVAL (Specify)	DATE 2/19/9 23c. N	AME OF CEMETERY OR CI	REMATORY A	23d. LOCATION	(City or Tawn)	(County)	(State)
	24.	FUNERAL DIRECTOR	of Sille Iva	ADDRESS	250. RECP	OT REGISTRAR	25b. REGISTRAR'S		7700
30M REV. 1/68	1	Suce Wens	cloush Be	son m	DATEJU	N 1 U 198	38 faction	to Jus	

